



Full Length Research Article

BARRIERS TO PHYSICAL ACTIVITY PRACTICE PERCEIVED BY PATIENTS ONCOLOGICS

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ABSTRACT

Identify barriers to physical activity in patients with cancer of the Friends Association in the Fight Against Cancer - ANLUC in the city of Caxias - MA. This is a descriptive quantitative study with 25 patients of both sexes, aged 21 and 65 who responded to questionnaires Activity Habitual Physical and Barriers to Physical Activity Practice, after collecting the data transferred to SPSS version 20 program and was conducted descriptive statistical analysis. The most frequent barriers in the study group were "lack of energy / fatigue" (56%), followed by "mild pain or discomfort" (52%), compared to the level of physical activity, 60% of patients remain inactive and found that the more active is the participant fewer obstacles are encountered. Considering the benefits of regular practice of physical activity, changes are needed in patient care, to plan and develop actions to an active lifestyle of this population and minimizing the limiting factors found.

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INTRODUCTION

Physical activity (PA) has been recommended as regular as for precaution and rehabilitation of coronary heart disease, and other chronic diseases, because physical inactivity is entirely linked to the presence of predisposing factors for metabolic syndrome. However, its practice brings beneficial implications in the prevention and treatment of some diseases such as some cancers (CA), and promotes physiological improvements and

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provide better quality of life for the individual (CIOLAC; GUIMARAES, 2004). The advantages of the practice of physical activity are numerous in the different stages of the disease and treatment, as in the diagnostic phase and pre-treatment, the subject has the physical condition support to face the therapy, rehabilitation its practice favors the conservation of physical abilities and the resumption of daily activities. Although his practice is beneficial to cancer patients, provide improvement in mood, spirit, energy and well-being, there are few studies that involve physical activity in rehabilitation of sick, which can designate the barriers encountered in its grip for AC carriers (BATTAGLINI et al., 2004; PRADO et al., 2001). As a result, the objective of this study was to identify the barriers to physical activity in patients with cancer of the Association of Friends in the Fight Against Cancer - ANLUC in the city of Caxias - Maranhão - Brazil.

MATERIALS AND METHODS

Study Design

This is a descriptive, cross-sectional and quantitative study that described the perceived barriers for cancer patients to practice physical activity. This research was conducted with 25 participants of an association for people with CA. The subjects included in the study were of both genders, aged 21 to 65 who were diagnosed with cancer and were registered more than 6 months in the association, agreed to participate and were present on the dates set for data collection. The study was conducted in the Association of Friends in the Fight Against Cancer-ANLUC located at Travessa Costa Sobrinho Neighbourhood Volta Redonda, in Caxias MA, from October 2014, in an open environment. As data collection instruments were used in the questionnaire Physical Activity Habitual (HPAQ), proposed by Baecke (1982), and the barriers questionnaire for Physical Activity (MARTINS; PETROSKI, 2000). To ensure the confidentiality of respondents, each participant was identified by an alphabetical code and the questionnaires were identified by numbers, which facilitated the processing of the data. After collection, the data were transferred to the SPSS version 20 program, which assisted in the statistical analysis and inferential. For univariate analysis, we used descriptive statistics. The study was approved by the Research Ethics Committee of the University Center UNINOVAFAPI through 33667014.0.0000.5210 number code, as recommended by Resolution 466/12.

RESULTS

The distribution of data from physical activity level (PAL) was identified through the questionnaire Activity Habitual Physics, where the descriptive statistics were used to classify individuals. Table 1 shows the classification of 25 participants in active and inactive individuals.

Table 1. Activity Level rating Physics by Baecke instrument (1982) of registered cancer patients in ANLUC, Caxias - MA, 2014

Classification	N	%
Active	10	40
Inactive	15	60

Among the many physical activities recommended for cancer patients the most frequent is the walk, being practiced by 6 participants, against 16 of the respondents reported not to do any kind of activity.

For patients with cancer, among the barriers proposals to physical inactivity, those more got an answer "always", are lack of energy, fatigue (14 reports - 56%) and mild pain or discomfort (13 relatos- 52%). As is shown in Table 2. Comparing the results of the NAF and barriers to physical activity, it is observed that the group of inactive cancer patients had a higher prevalence in all barriers for the most active. Among the most mentioned by inactive limiting factors are "mild pain or discomfort, unsafe environment, lack of energy, fear of injuring - if and physical limitations" both cited 14 times.

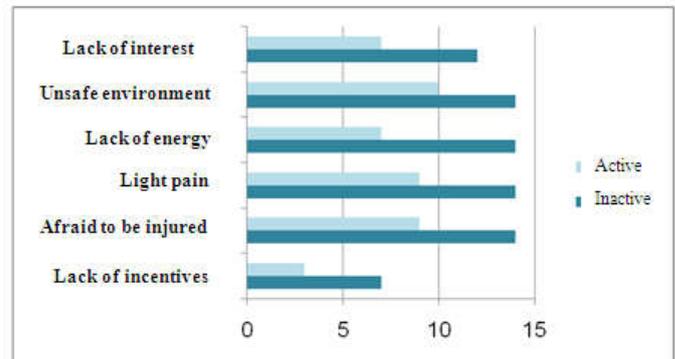


Figure 1. Prevalence of the common obstacles in accordance with the classification of HPAQ, of registered cancer patients in ANLUC, Caxias - MA, 2014

DISCUSSION

From the work done, it became clear that the group studied, most are inactive individuals (60%). This behavior can be justified often by lack of information or the non-recognition of the benefits of physical activity (PA). The results are consistent with other studies conducted in groups with the same disease as the Ferreira, et. al. (2008), where only 5% of the study population reported to practice physical activity regular. Nesse sense, Araujo's works, Dantas, Nascimento (2012) and Pedroso, Araújo, Stevanato, (2005), found that regular practice physical activity softens cancer-related fatigue and caqueixa, improves quality of life, increases the metabolic and energetic action of the body, thereby shortening the action of carcinogens. It found that cancer affects the self-esteem of the patient, especially when they are subjected to mutilation, adversely affecting the NAF these individuals. Despite the self level of physical inactivity found in cancer groups, it was found that the activity most practiced by this population is walking, referring to 24% of the studied public, being proven in studies bag and Ferreira (2010); Prado, et al. (2014) to be an

Table 2. Identification of barriers encountered by registered cancer patients in ANLUC, Caxias - MA, 2014

Barriers	Always		Sometimes		Never	
	N	%	N	%	n	%
Lack of family encouragement and friends	2	8,0%	8	32,0%	15	60,0%
Afraid to be injured	11	44,0%	12	48,0%	2	8,0%
Physical limitations	8	32,0%	13	52,0%	4	16,0%
Mild pain or discomfort	13	52,0%	10	40,0%	2	8,0%
Lack of energy (physical fatigue)	14	56,0%	7	28,0%	4	16,0%
Unsafe environment	6	24,0%	18	72,0%	1	4,0%
Concern with appearance during practice	0	0%	0	0%	25	100%
Lack of interest	10	40,0%	9	36,0%	6	24,0%

exercise of low cost and easy to perform. Thus, walking is characterized as an aerobic exercise in the study of Seixas, Basso, Marx (2012) reports that this type of activity brings significant gains at different stages of treatment. The barrier found predominantly for not performing physical activity in the sample of cancer patients in the city of Caxias - MA, was a lack of energy, fatigue (56%), followed by mild pain or discomfort (52%), probably resulting from this disease and chemotherapy and radiotherapeutic treatments. Among respondents, the lack of interest represented 40% of the reasons for the low NAF, which was also observed by Prado, et. al. (2004), when asked women with cancer, in which the lack of willpower was cited as the greatest obstacle 96.7%. The least limiting factor cited by the study population was the concern with appearance with 0% which is contradictory the research Boscatto, Duarte, Gomes (2011), performed with morbidly obese patients before and after bariatric surgery, in which most of the participants, 96.7% reported behavioral barrier, concern with appearance as a factor responsible for the low level physical activity.

In this research, we obtained information about lack of encouragement from friends and family, as one of the barriers that less the adherence of physical activity, referring to 8%. The study by Santos et al., (2010), confirms the findings of current research in that sedentary individuals are a greater number of barriers that physically active and that these obstacles are different in degree of importance. Clearly the high perception of barriers directly influence levels of physical activity, because these guys tend to find it more difficult to perform some kind of physical exercise, and the reduction of this practice, in turn, has a direct impact on the decline of functional abilities favoring the development of disease and often there may be a decrease in self-efficacy for physical activity (NASCIMENTO et al., 2008).

Conclusion

Through research it was noted that the main barrier encountered by cancer patients, of Caxias- MA, is the lack of energy / fatigue, and identify that most of the participants are inactive, and that individuals with lower levels of physical activity They have higher perception of barriers, which underscores the importance of creating by health professionals strategies for the cancer patients to become more active. Therefore, due to the results it is believed that interventions will be more effect on the awareness of this population. It is necessary to report some limitations, which the sample was reduced due to the non-attendance of all members on schedule, and methodological differences with other studies. Despite the existing studies on physical activity and cancer are inconclusive, it is necessary further studies with larger population coverage and longitudinal studies. However, it is expected that this study has provided data that will contribute to scientific knowledge.

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