NURSING CARE BASED ON SCIENTIFIC EVIDENCES FOR WOMEN WITH DEPRESSION IN THE PRIMARY HEALTH CARE

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ABSTRACT

Objective: To verify if the nursing assistant developed for women with depression in basic care unit in a city in the backland of Bahia is based on scientific evidences.

Methodology: The study had descriptive-exploratory nature, with quantitative approach and was conducted in a Family Health Unit in the city of Vitória da Conquista/BA during September. The study sample was composed of 30 medical records of women cared at the Family Health Unit. For the data collection, one used an instrument provided with a pre-established guideline, composed of objective questions. Te results were analyzed by means of the software SPSS, version 22.0. The project was approved by the Research Ethics Committee report n°2.261.860.

Results: Among the 30 evaluated women, 46.6% presented depression diagnosis; however, the other 53.3% were taking anxiolytic and presented signs and symptoms characteristic of depression with diagnosis suspicion. 100% of the women were cared by the nursing team and received orientations and referral when necessary; however, there was any pattern nor consistence in the care.

Conclusion: The research evidenced that the actions developed by the nurses are directed to the referral and counselling of the women, but little systematized or based on scientific evidence.

INTRODUCTION

Depression is characterized by humour alterations predominantly depressive and/or irritable, and may be related to cognitive damage, behaviour alterations and physical symptoms (Cantão *et al*., 2015). According to WHO (2015), depression is the main agent of inability worldwide, occupying the 4th place among the diseases that reach most the population, with projections with projections of being the second principle causes of disease in the world in 20 years. Depression is a modality of mental disorder, whose

characteristic is a sensation of constant sadness, making the human being present a behaviour gradual withdraw from social living, highlighting a state of extreme melancholy which, without the proper clinic care, may become a chronic disease (Barata; Diniz, 2014). Still according to Barata and Diniz (2014), depression diagnosis is clinic, and fundamental for the detailed search of the symptoms, investigation of depressive histories, research for symptoms of mania/hypomania. The review of the used medicine, besides the careful approach to questions about mourning and suicide, conducted by the nursing team, must seek to establish a good relationship with the client, with the aim to develop confidence (Baratta; Diniz, 2014). The team needs to observe and notice the behaviour, render specific care, identify depression signs, must stimulate and offer constructive activities, observe and hear attentionally

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indications of suicide idea, as well as personal care such as hygiene, clothes and nutrition (Baratta; Diniz, 2014). The care based on evidences is an investigation process, analysis and implementation. It is the care guided by studies and research, together with the professional practice, which enables the improvement of the quality of the rendered nursing care (Oliveira, *et al*., 2012). The implementing of the practice based on evidences may improve the quality of the care rendered to the client and intensify the clinic judgement; health professionals must know how to obtain, interpret and integrate the evidences from research with the patient's data and the clinic observations (Ercole *et al*., 2014). This study emerged from the concern caused by the need to understand the care way for women with depressive symptology. The general aim of this study was: To verify whether the nursing care developed for women with depression in primary care unit in a city in the backland of Bahia is based on scientific evidences. The specific objectives were: To characterize the sociodemographic profile of the population under study, quantify the number of women with a diagnosis of depression and know the scientific evidences that the nurse applied in order to render care for women with depression. Besides, this research presents extreme relevance for the academic field insofar as it guides the clinic reasoning and the decision take while rendering care for women with depression. Te results of this study will contribute with the nurse's professional practice as well as the educational process related to this theme.

MATERIALS AND METHODS

The study had a descriptive-exploratory nature with quantitative approach, which was conducted in a Health Family Unit - HFU - in the city of Vitória da Conquista/BA in southwestern Bahia. The sample consisted of 30 (thirty) medical reports of women cared at the Health Family Unit (HFU) in the city of Vitóriada Conquista/BA. For the selection of the sample, one used the record of the women in a register book of assistance of women who take anxiolytic medicine and/or see psychiatric doctors. The study occurred in September 2017 and the criteria of the inclusion of medical reports of women aged between 18 and 60 years old, registered at the BHU, who presented signs and symptoms and/or attested depression diagnosis. One adopted as exclusion criteria the medical records of women under 18 and/or older than 60. The medical reports that did not have a readable register or incomprehensible were excluded as well as those who did not have signature or rubber stamp of the physician responsible for the care.

For the data collection, one used a printed instrument, with a pre-established script, composed of objective questions, in order to know the women's sociobiodemographic profile as well as the way nurses rendered care for these women and which criterion of referral and treatment for them. This instrument was used to perform the collection in the 30 medical reports of the women taking part in the study. The analysis occurred like this: first the data were inserted into a an Excel 2010 spreadsheet and then they were sent to an SPSS software, version 22.0 for the data analysis. Then, the already processed data were interpreted in the light of the nowadays literature. The study followed the ethic questions determined by the Resolution 466/12 and was sent for the appreciation of the Research Ethics Committee of the FaculdadeIndependente do Nordeste, obtaining the nº 73281617.30000.5578 of the

Certificate of Presentation for Ethical Appreciation - CAAE and approval with opinion nº 2.261.860.

RESULTS

The sociodemographic and economic evaluation, presented on Table 1, shows that the sample is really heterogeneous, since 50% were aged under 50 and 50% older than 50. From these women most of them were married (63.3%), brownish color (60.0%), housewives (36.6%), with Elementary School (36.6%), with income of two minimum wages (36.6%) and with two or three children (46.5%).

Table 1. Percent distribution of the women with depression or with the suspicion of depression according to sociodemographic and economic characteristics. Vitória da Conquista/BA, 2017

Variable		N	%
Idade			
<50		15	50.0
>=50		15	50.0
Marital Status			
	Single	05	16.7
	Married	19	63.3
	Divorced	03	10.0
	Widow	03	10.0
Color			
	White	09	30.0
	Brownish	18	60.0
	Black	02	6.6
Profession			
	Retired	04	13.5
	Housewife	11	36.6
	Pensioner	02	6.6
	Hairdresser	03	10.0
	Teacher	2	6.6
	Others	8	26.6
Education			
	Iliterate	01	3.3
	Fundamental	14	46.6
	Secondary	13	43.5
	School	02	6.6
	Higher Education		
Income			
	1 minimum wage	09	30.0
	2 minimum wages	11	36.6
	3 minimum wages	06	20.0
	More tan 3 minimum wages	04	13.4
Number of children			
	0 to 1	13	43.5
	2 to 3	14	46.5
	4 to 5	03	10.0

Source: Research data

Among the 30 evaluated women, 46.6% (14) presented diagnosis of depression, but the other 53.3% (16) were taking anxiolytic and presented signs and symptoms characteristic to depression with diagnosis suspicion. Besides the depression diagnosis and/or suspicion, those taking part in the study had diagnosis of other comorbidities (Table 2). One found 56.6 % (17) cases of women with history of Systemic Arterial Hypertension (SAH), 23.3% (7) had Mellitus Diabetes (MD), 3.3% (1) dyslipidemias, asthma (1) and hypothyroidism (1). As for the risk factors (Table 3), the most found were: 13.3% (04) of women who declared that they were alcoholic and smokers, 3.3% who has an alcoholic mother and 3.3% whose husband is alcoholic. In the registers found in the medical reports of women with diagnosis closed for depression, the claims were mainly: sadness, discouragement, anxiety, mood changes, fatigue, muscle pain, suffering sensation, palpitations,

anguish, precordial discomfort, dyspnea, cervical pain, tremors, lack of appetite or eating compulsion, low self-esteem, migraine, epigastralgia, sickness, difficulty of social interaction, memory changes, irritability, disorientation and mutism.

Table 2. Percent distribution of women with depression or with suspicion of depression according to the associated diseases. Vitória da conquista, 2017

Diseases	N	%
Hypertension	17	56.6
Diabetes	7	23.3
Dyslipidemias	1	3.3
Asthma	1	3.3
Fibromyalgia	1	3.3
Hypothyroidism	1	3.3

Source: Research Data

Table 3. Percent distribution of the feminine population with the diagnosis of depression according with associated diseases. Vitória da Conquista, 2017

Diseases	N	%
Alcoholic women	4	13.3
Alcoholic mother	1	3.3
Alcoholic husband	1	3.3

Source: Research Data

All of the 30 women have sometime been cared by a psychiatrist and were under medicine treatment with the use of Rivotril, fluoxetine, calman, rispreridone, sertraline, alprazolam, amitriptyline, mirtazapine, donaren, escitalopram, diazepan, trazadone, carbamazepine, quetiapine, fenobarbital and paroxetine. As for the nursing care, according to medical registers, it was rendered by means of different approaches. All women with diagnosis of depression were referred to the psychiatric care; however, from these only 28.5% (4) continue the treatment. The 16 women cared by the nurses, and who were identified with characteristic signs of depression, showing the need of specialized care, were referred to a psychiatrist or psychologist. Other situations related to nutrition questions or sedentary lifestyle were referred to a nutritionist and support groups, who also do physical activities. Among the women with suspicion of diagnosis of depression, 43.7% (70, presented more frequent symptoms and were referred to psychological care. The others who presented lighter symptoms and/or in a non-continuous way were motivated to take part in alternative leisure groups, and to choose a physical activity in a regular way. It is worth noting that 30 women were cared by the nursing team and received orientations and referrals when necessary; however, there was not a pattern and constancy in the care.

DISCUSSION

To Moraes *et al*. (2015), the predominance of depression in women is influenced by sociodemographic variables, with low income, low education level, low occupational prestige, lower age, single and with a lot of children, the income level being most significant factor, due to the level of stress caused by financial difficulties, from which there comes little access education resources, health, nutrition, transport and living. Corroborating with the results of such research, Dias *et al*. (2012) states that poverty is, undoubtedly, a factor associated to the predominance of depression.

Aspects such as low income, low education level, age higher than 40 and unemployment are important variables identified in several studies. The predominance of depression is usually higher among individuals with lower income and low education level, as well as those who are unemployed, or recently divorced or separated. The influences of race/color in the development of depression could not yet be established in an unquestionable way in the existent studies (MÁXIMO, 2010). The study by Sobreira and Pessoa (2012) is similar to the symptoms characteristic of depression found in the present study, such as depressed mood, guilt feeling, suicide or death ideas, loss of pleasure in the activities, fatigue, reduction in the ability of thinking, concentrate or take decisions, besides sleeplessness, behaviour changes and cry burst, The manifestations of the depression syndrome have the following main symptoms: discouragement, guilt feeling, sleep changes, easy crying, sadness, suicide ideas, appetite decrease and fall in the level of the mental functioning (Alfaia *et al*., 2016).

Sometimes, the confirmation of the depression diagnosis is not easy, since many symptoms such as sleep and appetite alterations and fatigue are common claims among women. Among the depression symptoms, it's common to find depressive mood and the loss of interest in the activities, the guilt feelings or discouragement, concentration loss and suicide thoughts (Sobreira; Pessoa, 2012). The aforementioned authors confirm the claims presented by the women in the analyzed medical reports during this study; however, one did not find any reference to suicide ideas in the medical reports that served as source for this study. The other claims are according to those found in this research. The limitations and incapacities provoked by the previous pathologies may justify the presence of risk factors present in the sample, such as sadness, absence of practice of physical or social activities, social isolation, weight increase or decrease, loneliness, and so on. Corroborating with the data in this research, Moraes *et al*. point out as predisposing factors for the development of depression: conflicting married life, education, previous number of children, low socioeconomic level, unemployment and depression and/or previous anxieties. This is a situation that confirms the need of the nurse's effective participation in the care process, based on scientific contents.

The Practice Based on Evidences (PBE) aims to base the nursing care in the various levels of health care, embodying the evidences in the clinic practice (Ercole *et al*., 2014). As Alfaia *et al*., (2016) explain, the evidences must be sought in order to support the clinic decisions of diagnosis, interventions and results as well as to select the most adequate intervention for the specific situation. Often in the clinic practice, nurses need to work with a reduced number of manifestations, interpreting them in order to state a diagnosis. Besides, patients not always present all the manifestations that lead to a suspicious diagnosis (Ercole *et al*., 2014). The knowledge and the application of scientific evidence during the nursing care for women with signs or closed diagnosis are indispensable in order to guarantee the targeting of specific nursing actions. In this sense, the appropriation of the knowledge based on scientific evidences enables the nurse to help women with depression diagnosis to face as well as to overcome difficulties found before and during the treatment. According to Alfaia *et al*. (2016), from the knowledge of the risk factors of depression, the nurse will be able to plan and carry out preventive actions such as: favor the family, friends' and partner's emotional support, besides provide the referral of the

woman for counselling and psychotherapy. The professional nurse has taken several functions and attributions, but their working object is care. In front of the subjectivity of the practice faced by the nursing professional, besides the several routine activities, this professional may encounter a deadlock, which may encompass multiple faces of this construct (Vidal *et al*., 2012). One noticed that some to some medical reports was not given the importance of the registers and notes of nursing, a fact that compromised the results of this research. Thus, the found registers in the analyzed medical reports do not describe any caring strategy adopted at the health unit. Because of this, the deficiency in the nursing registers made the results of the research fragile and they point out that, although the nursing professionals have the knowledge, they did not apply it. Besides, it was clear that these professionals do not use scientific evidences in the care for women with depression. Perhaps this reality is related with the need to manage the time of available resources, together with the great demand of patiences who are cared everyday.

(Meira *et al.,* 2015) points out the importance that the nurse knows multiple risk factors and the symptoms related to depression as well as the care strategies of tracking the depressive symptomology, and to practice strategies for the early detection of signs and symptoms of psychic suffering related to the signs and diagnosis of depression. For this purpose, according to the found data, the handling of depression is not done by the nurse through the application of scientific evidences. One only noticed, when needed, the referral to the multidisciplinary team composed of a psychiatrist, nutritionist and psychologist. However, one noticed some cases of orientations for the women to take part in leisure programs, entertainment, physical activities and support group. Peer or help groups that inform, discuss and produce playful activities exclusively directed to depressive patients, perform practices for the health care and they are developed by nurses (Silva *et al*., 2016). In this research, one has not identified so far peer groups for these women, managed by a nursing professional.

The care rendered by the nurse and the Health Unit chosen for this research was contrary to Quintão (2014), while describing that the nurse may render care and orientations to the woman with depression, letting her express her claims and thus render care to this public, preventing complications. The nurse is able to act by means of information and orientations, inside an environment where embracement and the woman's valuation prevail. Nursing needs to act besides the women, promoting the well-being by means of effective tools to face adverse situations (Silva *et al*., 2016). The main limitations of this study were incomplete medical reports, the time available for the access to the medical reports and no access to the feminine population as a whole, but only to those who were already under some kind of care. Besides, there was difficulty to find recent studies with this theme and that evaluate the nursing care for women with depression based on scientific evidence,

Final considerations

The research evidenced that the actions developed by the nurses are more directed to the referral of the women and somehow counselling; however, one notes that the care is little systematized, being necessary to be provided with essential tools such as home visits, which are really important for nursing in order to strengthen the link with the users. Besides, it is indispensable to formulate protocols that guarantee the continuity of the nursing care. It is important to point out the occurrence of the methodological limitation for this study, because the absent or incomplete registers in some medical reports my have compromised the research results. Such situation denounces that the care rendered by the nurses do not perform the necessary notes during the care for the women. In this case, the realization of training and qualification with the firm purpose of discovering new directions for this question is needed so that one identifies faster and with more accuracy the study theme, an important grievance to the woman's health.

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