



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 10, Issue, 07, pp. 37876-37879, July, 2020

<https://doi.org/10.37118/ijdr.18962.07.2020>



RESEARCH ARTICLE

OPEN ACCESS

DIAGNOSES OF NURSING AND COMPLEMENTARY THERAPIES IN WOMEN WITH CHRONIC LOW BACK PAIN

Ilkelyne de Freitas Costa*¹, Mayane Cristina Pereira Marques², Camila Lima Moraes dos Santos³, Lísicia Divana Carvalho Silva⁴ and Rosilda Silva Dias⁵

¹Nurse. Graduated from the Federal University of Maranhão, Brazil

²Nurse. Master. Federal University of Maranhão, Brazil

³Nurse. Graduated from the Federal University of Maranhão, Brazil

⁴Nurse. PhD. Professor at the Nursing Department, Federal University of Maranhão, Brazil

⁵Nurse, PhD. Professor at the Nursing Department, Federal University of Maranhão, Brazil

ARTICLE INFO

Article History:

Received 19th April, 2020

Received in revised form

06th May, 2020

Accepted 09th June, 2020

Published online 30th July, 2020

Key Words:

Low back pain. Nursing interventions.
Complementary therapies.

*Corresponding author:

Ilkelyne de Freitas Costa,

ABSTRACT

Objective: to identify nursing diagnoses and complementary therapies in women with chronic low back pain. **Methods:** Study approved by the Research Ethics Committee of the *Universidade Federal do Maranhão* (Federal University of Maranhão), opinion No. 3.180.211. Individual interviews were carried out, the Visual Analogue Scale was applied, specific tests for low back pain and complementary therapy sessions. The study included 15 women with complaints of chronic low back pain who attended complementary therapy sessions (health education, massage therapy, application of thermal change (heat/cold) and relaxation. **Results:** Four (4) nursing diagnoses were identified, in at least half or more of women with chronic low back pain, according to NANDA-I Taxonomy: Chronic pain, impaired sleep pattern, low situational self-esteem and impaired walking. It was found that women with severe, moderate and mild low back pain consumed five, three and two medications respectively, between analgesics and anti-inflammatory drugs in the first session and that these amounts were reduced during the sessions. Most women (73%) presented a decrease of their body weight. **Conclusion:** Chronic low back pain causes social isolation and a feeling of worthlessness, but complementary measures enable the real perception of the pain and of the mechanism of interference in their lives, which promotes autonomy, self-care, comfort, well-being and self-esteem.

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Citation: Ilkelyne de Freitas Costa, Mayane Cristina Pereira Marques, Camila Lima Moraes dos Santos, Lísicia Divana Carvalho Silva and Rosilda Silva Dias. 2020. "Diagnoses of nursing and complementary therapies in women with chronic low back pain", *International Journal of Development Research*, 10, (07), 37876-37879.

INTRODUCTION

Low back pain is defined as any and all pain or stiffness conditions, located in the lower region of the spine, located between the last costal arch and the gluteal fold, which may or may not radiate to one, or both, lower limbs. In three ways: low back pain, posterior pelvic pain or combined pain, it represents 36% of the cases, it characterizes a serious public health problem with social and financial impact (Vieira, 2012; Madeira, 2015). The medical diagnosis of low back pain can be obtained through clinical history and physical examination, being of three categories: 1) low back pain potentially associated with the specific cause of the spine; 2) low back pain potentially associated with spinal stenosis; 3) non-specific low back pain.

The first two have a defined etiology, in which the pain comes from a specific cause (congenital, neoplastic, inflammatory, infectious, metabolic, traumatic, degenerative or functional) and reaches less than 15% of the population of children, adolescents and adults. Most of the time, when the causal agent cannot be determined, it is called non-specific low back pain (Silva MROGCM et al., 2014; Conselho federal de enfermagem, 2009). Considering that the nursing diagnosis represents, more accurately, the person's responses in the health-disease process and constitutes the basis for selecting the actions or interventions with which the objective is to achieve the expected results (Conselho federal de enfermagem, : Ribeiro, 2015). According to the North American Nursing Diagnosis Association (NANDA-I) (Nanda-Internacional, 2018), the nursing diagnosis "Chronic

Pain” belongs to the Comfort Domain, Physical Comfort Class, and is defined as “Unpleasant sensory and emotional experience associated with actual or potential tissue injury, or described in terms of such injury; beginning sudden or slow, any level of intensity from mild to intense, constant or recurrent, without anticipated or predictable end and lasting more than three (3) months.” In Brazil, the implantation of the *Sistema Único de Saúde* (SUS - Unified Health System) expanded the concept of health and incorporated the principle of comprehensive care in chronic conditions, such as low back pain, still oriented in models of the disease (with a biological focus), disregarding the influence of factors psychosocial and environmental. It points out the need to build new models that are in accordance with the principles of SUS and that can overcome the hegemony of the biomedical paradigm. Thus, it is highlighted the need to readjust care practices corresponding to the real needs of the population (Conselho federal de enfermagem). Studies indicate that factors in the biological, psychological and social dimensions can interfere with the perpetuation of pain and/or the development of chronic low back pain (Fertonani, Meucci, 2015).

OBJECTIVE

Identify nursing diagnoses and complementary therapies used in women with chronic low back pain.

METHODOLOGY

Cross-sectional study carried out at the *Núcleo de Extensão da Vila Embratel* (NEVE - Vila Embratel Extension Center) in São Luís, Maranhão, Brazil. The collection took place from the database of the extension project “*Ação da Enfermagem na Educação e Reabilitação em Dor Crônica na Casa da Dor do Hospital Universitário da Universidade Federal do Maranhão e Núcleo de Extensão da Vila Embratel*” (Nursing Action in Education and Rehabilitation in Chronic Pain at Casa da Dor, University Hospital of the Federal University of Maranhão and Extension Center of Vila Embratel), which has as their public women with chronic pain. The sample consisted of 15 women with a medical diagnosis of chronic low back pain.

The consultations were carried out by nurses and nursing students of the referred project. Data were obtained through individualized interviews, physical examination with specific tests for low back pain, pain assessment using the Visual Analogue Scale (VAS) and sessions with complementary therapies. The complementary therapies for the control of chronic low back pain were: health education, relaxation, massage therapy and application of thermal change (heat/cold). The therapies were carried out in 45-minute sessions for four weeks to six weeks and the women were oriented to replicate at home. Low back pain was assessed by recording in the pain diary. Women were also weighed at each meeting to monitor their body weight. The study was approved by the Research Ethics Committee of the Federal University of Maranhão, Brazil, opinion No. 3.180.211.

RESULTS AND DISCUSSION

Table 1 shows the frequency of responses obtained on the socioeconomic and demographic aspects of the women participating in the survey. Prevailed women aged 60 to 69

years old (46.6%), married (46.6%), residents of the Vila Embratel neighborhood (86.6%), incomplete elementary school (33.3%), housewives (100%), without retirement (60%) and without paid activity (66.6%). Four (4) nursing diagnoses were identified in at least half or more of women with chronic low back pain, according to NANDA-I: Chronic pain, impaired sleep pattern, low situational self-esteem and impaired walking, as shown in Chart 1. All women participating in the research (100%) presented the nursing diagnosis "Chronic pain", defined by NANDA-I⁷, as "unpleasant sensory and emotional experience associated with actual or potential tissue injury, or described in terms of such injury (*International Association for the Study of Pain*- IASP); beginning sudden or slow, any intensity from mild to intense, constant or recurrent, without anticipated or predictable end and lasting more than three (3) months. "According to the IASP, pain is an “unpleasant emotional sensation or experience, associated with actual or potential tissue damage (Balagué et al., 2012)”; it classifies chronic pain into three periods: duration less than one month, from one to six months and, more frequently, above six months (Mathew et al., 2013).

The nursing diagnosis "Impaired sleep pattern" defined as "interruptions, limited by time, quantity and quality of sleep, resulting from external factors"⁷, was identified in 8 (53.3%) women due to the report of having difficulty to sleep, difficulty in positioning, waking up at night and non-restorative sleep. The nursing diagnosis “Low situational self-esteem” defined as the “development of a negative perception of its own value in response to a current situation”⁷, was present in 8 (53.3%) women due to the self-reported feeling of worthlessness at home, due to the need and dependence on other family members to perform domestic tasks. The nursing diagnosis "Impaired walking" defined as "limitation of the independent movement of walking in a given environment"⁷ was identified in 9 (60.0%) women, who reported difficulty in walking short distances during times of low back pain, and walking up and down sidewalks while moving around the neighborhood streets. Graph 3 highlights the average consumption of medicines by women during the first four weeks related to the intensity of the pain presented, after complementary therapies (health education, relaxation sessions, massage therapy and application of thermal change (heat/cold). It is identified that women with severe pain (green line), moderate pain (blue line) and mild pain (yellow line) consumed five, three and two medications respectively, between analgesics and anti-inflammatory drugs in the first week and that these quantities were reduced to throughout treatment for one medication or no medication after the fourth week.

A study with individuals over 60 years of age with chronic pain showed that more than 20% use analgesics daily due to medical advice (Dellaroza, 2008). Table 2 reveals that more than half of the women presented a reduction in body weight 11 (73.3%). Women responded positively to the guidelines given during therapy sessions, 5 (33.3%) of women managed to decrease from five hundred to one thousand grams and 4 (26.7%) decreased more than one thousand grams. This data seems to be related to health education in the sessions held, mediated by dialogue and guidance on healthy eating, chewing, food preparation and water intake. Obesity and overweight are predisposing factors for the development of low back pain¹³.

Table 1. Socioeconomic and demographic characterization of women with chronic low back pain. São Luís, Maranhão, Brazil, 2018

Variable		N	%
Age range	50-59	6	40,0
	60- 69	7	46,6
	70 or more	2	13,3
Civil state	Married	7	46,6
	Single	4	26,6
	Divorced	1	6,6
	Widow	3	20,0
Neighborhood	Vila Embratel neighborhood	13	86,0
	Otherneighborhoods	2	13,0
Retirement/Pension	Retired	6	40,0
	Notretired	9	60,0
	Pensioner	4	26,6
Paidactivity	Yes	5	33,3
	No	10	66,6
Profession/Ocupation	Seamstress	3	20,0
	Housewife	11	73,3
	Health agent	1	6,6
	Incompleteelementary	5	33,3
Educationlevel	Complete elementary	3	20,0
	Incomplete high school	1	6,6
	Complete high school	6	40,0
Total		15	100

Chart 1. Nursing diagnoses in women with chronic low back pain according to NANDA-I. São Luís, Maranhão, Brazil, 2018

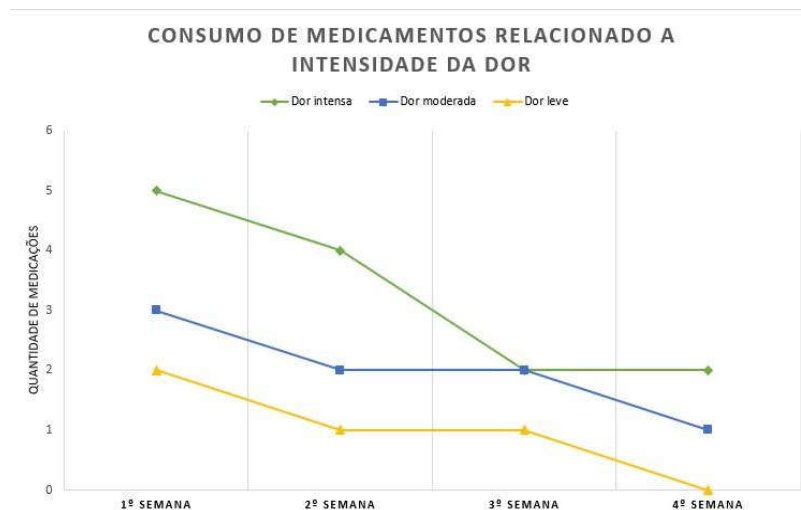
Nursingdiagnosis	Definingcharacteristic	Relatedfactor
Chronicpain	Self-report of pain characteristics; change in sleep pattern	Chronic musculoskeletal condition; history of static work postures .
Impairedsleeppattern	Change in sleep pattern, not feeling rested;	Standard of sleep not restorative.
Low self esteem situational	Feeling ofworthlessness	Functional impairment, change in social role.
Impairedwalking	Impaired ability to walk on uneven surfaces, up and down sidewalks	Pain, musculoskeletalinjury.

Source: Elaboratedbytheauthor

Tabela 3. Results of body weight control of women with low back pain after four weeks complementarytherapies. São Luís, Maranhão, Brazil, 2018

Reductionofbodyweight	n	%
< 500g weight	2	13,3
500g a 1000g weight	5	33,3
> 1000g weight	4	26,6
Didnotdecreaseweight	2	13,3
Increasedweight	2	13,3
Total	15	100

Source: Research data



Source: Research data

Graph 3. Consumption of weekly medications by women with chronic low back pain São Luís, Maranhão, Brazil, 2018

A study shows that central obesity (waist circumference) greater than 80 cm is associated with low back pain, suggesting that central obesity and overweight are correlated with skeletal muscle changes, which favor the development of pain¹⁴. Overload affects musculoskeletal and joint structures, altering the body's biomechanical balance and consequently increases the risk of developing low back pain in overweight and obese people¹⁵.

Conclusion

The identified nursing diagnoses make it possible to portray the responses presented by women based on their needs, determining the care priorities. Chronic low back pain causes women a feeling of worthlessness and social isolation and complementary therapies help in real perception of health condition, especially pain and the interference mechanism in their life, which provides autonomy, self-care, comfort, well-being and self-esteem. It is necessary to intensify research on the subject, expanding the field of professional activity, in conducting effective therapies for adequate pain control and management.

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