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Introductory Note



Care interventions in the elderly with Stasis Syndrome: a clinical essay

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ABSTRACT

Object: Losses in functional capacity of upper limbs of elders confined to bed may be due to the fracture of the femur.

Aims: To perform a systematic review of the literature regarding the Stasis Syndrome; to elaborate, according to a previous analysis, an intervention proposal involving multidisciplinary care, to alleviate the effects of the Stasis Syndrome; to verify the effect of this multidisciplinary protocol of intervention according to the biological variables of elders with Stasis Syndrome through the use of an instrument created for this purpose.

Method: This is controlled clinical research, with a quantitative approach. It involves the use of quantification during and treatment of patients and the associated data collection, through statistical techniques and the use of specific software.

Descriptors: Health of the Elderly; Accidental Falls; Femoral Fractures; Hypokinesia; Upper Extremity

PROBLEM SITUATION AND ITS SIGNIFICANCES

With aging, the individual has organic losses that can negatively affect their balance, strength and flexibility. This makes such individuals vulnerable, and likely to fall. These factors influence the elderly because they make the individual more susceptible to morbidities such as functional loss or damage, and events (hospitalization or institutionalization). In all cases, they lead to high social and financial costs in terms of public health⁽¹⁾.

The data indicates that 15% of the patients hospitalized in traumatology specialized centers have fallen from a standing position, which increases costs in terms of health resources⁽²⁾.

As a consequence of falling, in many cases there is a fracture of the femur. With such a fracture, the individual goes from having an active profile to having an inactive one, making them rely on relatives and the health team when hospitalized. It is important to think of the other acquired losses, such as hypokinesia, characterized by the Stasis Syndrome.

The Stasis Syndrome comes from the interruption of all articular movements and, as a consequence, incapacity in terms of posture changes. Functional losses are seen, especially osteomioarticular movement. Such a syndrome can lead to complete dependency if there is no caring intervention⁽³⁾.

The importance of movement is obvious, particularly when observing muscular strength. On a weekly basis, complete immobilization accelerates the organic losses of the elderly from 10% to 20%. In this context, it is necessary to rehabilitate the individual, to stimulate muscular strength, to motivate ambulation, and for the patient to revert to the range of activities prior to the injury. This is the target of all assistance provided to such a user.

GUIDING QUESTION

Is a specific intervention protocol involving multi-professional caring, capable of alleviating the effect of the Stasis Syndrome on the upper limbs of the elderly confined to bed due to fracture of the femur, as well as accelerating the processes of recovery?

HYPOTHESES

H₀: A protocol of caring intervention does not reduce the losses in the functional capacity of the upper limbs in elderly individuals with a fracture of the femur, promoting the return of daily activities in a shorter time.

H₁: A protocol of caring intervention reduces the loss of functional capacity of the upper limbs in elderly individuals with a fracture of the femur, promoting the return of daily activities in a shorter time.

AIMS

General

To elaborate and test a protocol of multi-professional caring interventions based on biological variables in elderly individuals who are at risk in terms of the Stasis Syndrome.

Specific

To perform a systematic review of the literature about the Stasis Syndrome; To elaborate, according to a previous analysis, a multidisciplinary caring intervention proposal to alleviate the effects of the Stasis Syndrome; To verify the effect of this multi-professional intervention protocol after the application of the instrument

in terms of the biological variables of elderly individuals with Stasis Syndrome.

METHOD

This is clinic research which adopts a quantitative approach. The data collected will be treated using statistical techniques.

The scenario of this research will be a private hospital in the city of Niterói, Brazil. The collection of data will occur in the second semester of 2013, in medical and surgical wards, located in three floors of this institution - a total of 86 beds.

This research involves the strength training and the measurement of flexibility in the upper limbs of the elderly hospitalized in this unit. The target population is composed of elderly individuals of both sexes, confined to bed due to a fracture of the femur.

The quantity of participants will be determined by the calculation of the dimension of the sample in terms of discrete variables of finite populations.

Criteria of inclusion are: individuals ≥ 60 years of age; confinement to bed for a period of 12 to 15 days (stasis); presence of fracture in the femur. Criteria of exclusion are: harmed cognitive capacity; harmed mental integrity; elderly patients transferred from other health units, as it is not possible to evaluate the variables of strength and flexibility at the moment of hospitalization; users with previous osteoarticular lesions in upper limbs prior to hospitalization.

The collection of data will be done by goniometry, dynamometry and Thera-Band during hospitalization, to determine the strength and flexibility prior to the trauma, 15 days and 30 days after the incident. The sample will be inten-

tional and the randomization will be simple. The tests to be used will be: Shapiro-Wilk, T-Student, Anova and Mann-Witney & Friedman; there will be no blinding. Later, the software Bioestat 4 will be used to analyze the data. The level of significance to be adopted will be $p \leq 0.05$.

Through the elaboration of this protocol, the aim will be a reduction of the hospitalization period for elderly patients with a fracture of the femur, assisting the health professional to identify, stop and reestablish the loss of functional capacity of the upper limbs in these elderly patients. It is expected to lead to a reduction in costs by the reduction of the period of hospitalization time and a higher usage of the beds. This project was approved by CEP, under protocol number CAAE 14300713.6.000.5243, according to Brazilian regulations.

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