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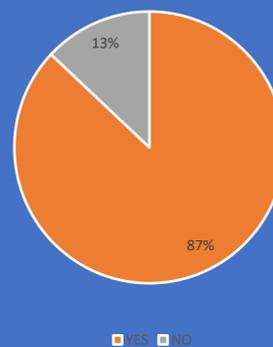
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Introduction: venous ulcers (VU) are a public health problem that causes suffering and impairs quality of life. Pain is a very frequent symptom in patients with VU and its prevalence varies between 80 and 96% in this group, which negatively affects quality of life and causes changes in mood, sleep, mobility and ambulation, increasing the risk of falls. As a strategy, many individuals who do not receive guidance on pain relief methods try to find them on their own and, thus, make use of self-medication. This practice can offer risks, because in severe pain the drugs can be used indiscriminately and in high doses, or people can take longer to seek help in health services, making assistance more difficult and causing, most of the time, a worsening of the condition. Thus, the guidance on pain management by the team that follows up the injury is essential for patients to have subsidies to minimize the suffering related to the presence of pain.

Results: initially it was identified the presence or not of pain in patients with venous ulcers. Of the 54 respondents, 47 (87%) said they felt pain and only 7 (13%) said they did not feel it. Then, the use of medications to control pain was verified and 38 (70.4%) individuals said they used some medication, however, seven (13%) said they did not use it and nine (16.7%) did not respond. Regarding the medications that the study participants used, a number of 12 (22.2%) people were identified who claimed to use Dipyron, nine (16.7%) the Torsilax® or Flexalgin® (Caffeine, Carisoprodol, Sodium Diclofenac and Paracetamol), four (7.4%) Paracetamol, four (7.4%) Nimesulide, four (7.4%) Dorflex® (dipyron monohydrate, orphenadrine citrate and caffeine anhydrous), three (5.6%) Tramadol, two (3.7%) Tylex® (paracetamol and codeine phosphate), one (1.9%) Diclofenac Sodium, one (1.9%) Naproxen Sodium, one (1.9%) Clonazepam, one (1.9%) Morphine, one (1.9%) Ibuprofen, one (1.9%) Lysine Clonixinate, one (1.9%) the Urea and two (3.7%) use unspecified antibiotics. After the analyses, it was verified that part of the interviewees used self-medication for the management of the pain and the most used drug was Dipyron.

Objective: to identify the presence of pain and self-medication in people with venous ulcers.

Graphic 1. Presence of pain in people with VU. Parnamirim/RN, 2017.



Graphic 2. Self-medication for pain control in people with VU. Parnamirim/RN, 2017.

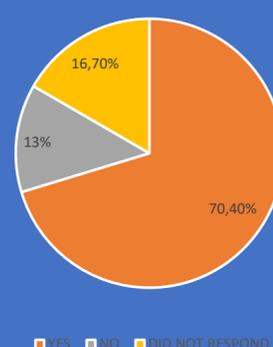


Table 1. Medications used by the study participants. Parnamirim/RN, 2017.

Medications	n (%)
Dipyron	12 (22,2%)
Torsilax® or Flexalgin®	9 (16,7%)
Paracetamol	4 (7,4%)
Nimesulide	4 (7,4%)
Dorflex®	4 (7,4%)
Tramadol	3 (5,6%)
Tylex®	2 (3,7%)
Antibiotics	2 (3,7%)
Diclofenac Sodium	1 (1,9%)
Naproxen Sodium	1 (1,9%)
Clonazepam	1 (1,9%)
Morphine	1 (1,9%)
Ibuprofen	1 (1,9%)
Lysine Clonixinate	1 (1,9%)
Urea	1 (1,9%)

Methods: this is a cross-sectional study, with a quantitative approach, carried out with 54 individuals with venous ulcers, monitored at the Family Health Units in the city of Parnamirim/Rio Grande do Norte. Data collection was carried out from August to October 2017 by five nurses through home visits, with a questionnaire with open and closed questions, referring to the characterization of health, about the pain variable and the use of medications. The collected data were organized in Microsoft Excel program tabs and exported to the Statistical Package for Social Sciences (SPSS) software, in which they were analyzed using descriptive statistics, with absolute and relative frequencies. The study was approved by the Research Ethics Committee (n° 65941417.8.00005537).

Conclusion: the analysis of the results allowed to identify the presence of pain in most patients with venous ulcers and the approach used in pain management, which in this study in particular, was the use of drugs. It was observed, then, that the lack of guidance and holistic and comprehensive care can contribute to self-medication, which can compromise the patient's quality of life. Therefore, the role of nursing in assistance and in the elaboration of a comprehensive and individualized care plan is of utmost importance.