

Body image of people with venous ulcers

Imagem corporal de pessoas com úlceras venosas

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ABSTRACT | OBJECTIVE: to assess body image in people with venous ulcers. **METHODS:** descriptive study conducted at the Wound Ambulatory located in the city of Pouso Alegre, Minas Gerais. Thirty people with venous ulcers participated in the study. Two instruments were used: a questionnaire for collecting sociodemographic and clinical data and the Body Investment Scale (BIS). **RESULTS:** among the 30 participants, 16 (53.3%) were female and 14 (46.7%) male, 25 (83.3%) were over 60 years old and 20 (66.7%) were married. The average of the total score on the BIS scale was 34.0; and the mean scores for the body image, personal care, body protection and body touch domains were 16.30, 23.93, 5.53 and 18.30. Such findings characterizing that these individuals have a negative image. Patients with venous ulcers showed changes in the body image, body protection and body touch domains. **CONCLUSION:** the results of the study showed that individuals with venous ulcers had alterations in the domains of body image, body protection and body touch, that is, they manifested negative feelings about their body.

DESCRITORES: Self image. Body image. Varicose ulcer. Leg ulcer.

RESUMO | OBJETIVO: avaliar a imagem corporal em pessoas com úlcera venosa. **MÉTODOS:** estudo descritivo realizado em um Ambulatório de Feridas, localizado na cidade de Pouso Alegre, Minas Gerais. Participaram do estudo 30 pessoas com úlceras venosas. Dois instrumentos foram utilizados: um questionário para a coleta de dados sociodemográficos e clínicos e a escala *Body Investment Scale* (BIS). **RESULTADOS:** entre os 30 participantes, 16 (53,3%) eram do sexo feminino e 14 (46,7%), masculino; 25 (83,3%) tinham idade acima de 60 anos e 20 (66,7%) eram casados. A média do escore total na escala BIS foi de 34,0; e as médias dos escores para os domínios imagem corporal, cuidado pessoal, proteção corporal e toque corporal foram 16,30, 23,93, 5,53 e 18,30. Tais achados caracterizam que esses indivíduos com úlcera venosa que participaram do estudo apresentaram sentimentos negativos relacionados à própria autoestima, autoimagem e à piora na qualidade de vida. **CONCLUSÃO:** os resultados do estudo apontaram que os indivíduos com úlceras venosas apresentavam alterações nos domínios imagem corporal, proteção corporal e no toque corporal, ou seja, manifestaram ter sentimentos negativos com relação ao seu corpo.

DESCRITORES: Autoimagem. Imagem Corporal. Úlceravaricosa. Úlcera da perna.

Introduction

Leg ulcer is a chronic disease that can be triggered from hematological, vascular or metabolic disorders. Chronic venous insufficiency is the main cause of ulcerations, accounting for almost 80% of all venous ulcers that affect approximately 1% of the world population, causing an increase in health expenses, alteration in quality of life, self-image, body image, sleep and functional capacity¹⁻².

Venous ulcer installation is usually slow; patients may report previous lower limb trauma, varicose veins and even deep vein thrombosis. The edema is frequent, besides the sensation of pain that worsens in the late afternoon due to standing or sitting during the day. Health professionals guide the patient so that the limb is elevated at the end of the day, in order to reduce the pain and edema. Eczema can occur around the ulceration, with erythema, itching and exudate. After the clinical diagnosis, exams are necessary to verify the venous anatomical alterations that led to the formation of the ulcer; it can be identified if it was caused by an obstruction or by venous reflux³.

After making the diagnosis, attention should be focused on the treatment of venous ulcer and to avoid relapses. The most commonly used treatments are: compressive therapy such as the use of the Unna boot or elastic bandage, the use of coverings that promote the healing process and surgical intervention in venous abnormality^{1,4-5}.

Due to the delay in the healing process of venous ulcer, the person goes through physical and psychological discomfort, which limits their daily activities. The presence of pain and odor caused by exudate causes it to isolate itself, to feel depressed, with low self-esteem, to have distortion of self-image and worsens the quality of life, which can lead the patient to give up treatment⁶⁻⁷.

Studies conducted with people with venous ulcers, in which the impact of this lesion on their lives was

evaluated, the authors concluded that when they are affected by venous ulcers, they present pain, exudate and edemas of limbs, causing changes in self-esteem, self-image and quality of life and feeling of powerlessness⁸⁻⁹. In other studies, the authors concluded that after the individual contracts the wound, he may present several changes in daily life: pain, low self-esteem and social isolation. However, the authors pointed out that the people who had the ulcer healed presented reduced pain intensity, improved self-esteem and quality of life¹⁰⁻¹¹.

The self-image or body image reflects how the individual sees himself in relation to his physical aspect. In contrast, self-esteem refers to the individual's feeling regarding his or her self-image. Therefore, self-image has a direct influence on self-esteem. Thus, a person with low self-image will also have low self-esteem¹⁰⁻¹³. The health team is responsible for providing systematic and individualized assistance, through the best conduct, with the choice of the ideal coverage that promotes the healing of the lesion, referring the patient for evaluation by the psychologist. Such conduct aims at improving and alleviating psycho-emotional suffering and promoting the socialization of individuals with venous ulcer.

During the care of patients with venous ulcers, professionals should be aware of changes in behavior. The initial approach is fundamental for targeting the specialized health service, which will enable early diagnosis, as well as prognosis for these individuals. It is necessary to have knowledge of the degree of dissatisfaction with the body image on the part of people with venous ulcers of different contexts, since the perception of the body image can be influential in the acceptance and continuity of treatment and in the healing of ulcers. The result of this research can subsidize the professionals who work with the public to work on the theme "body in people with wounds".

In view of this, the study described here aimed to evaluate the body image in people with venous ulcer.

Methods

Descriptive and quantitative study developed at the Wound Outpatient Clinic (NAEEnf), located in Pouso Alegre-MG. The data were collected from March to May 2018, after approval by the Research Ethics Committee of the Faculty of Health Sciences Dr. José Antônio Garcia Coutinho of the University of Vale do Sapucaí (UNIVÁS), Pouso Alegre-MG, (opinion number 276,259).

The data was collected by the researcher himself in a previously prepared room, ensuring the comfort and tranquility of the patient for the emission of responses.

After surveying the number of people with venous ulcer seen at the outpatient clinic, 42 patients with this lesion were identified. The sample was selected in a non-probabilistic way, for convenience and consisted of thirty individuals with venous ulcer, who met the following inclusion criteria: individuals over 18 years of age and ankle/arm index between 0.9 and 1.4. Patients with mixed or arterial ulcer and diabetic patients with foot ulcer were not included in the sample.

Two instruments were used for data collection. Regarding the sociodemographic profile, an instrument was elaborated with the following variables: gender, age group and marital status. To evaluate the body image, the instrument Body Investment Scale (BIS) was adopted.

The Brazilian version of the BIS or Body Investment Questionnaire is composed by twenty items distributed in three domains (body image, body care and body touch)¹⁴. The answer options are presented on a five-point Likert scale, ranging from "totally disagree" to "totally agree". The final score on the scale is obtained by reversing the scores of items 2, 5, 9, 11, 13 and 17, and adding up the scores of all items. The total score varies between 20 and 100. The higher the total score is, the greater the positive feeling towards the body image. In the study of cross-cultural adaptation of the Brazilian version of the BIS scale¹⁴, an exploratory factor analysis with varimax rotation was performed. In the Brazilian version of the scale, 20 items of the 24 original items were maintained, with 4 factors explaining 36.3% of the total variance of the scale. Body image (factor 1) presented Cronbach $\alpha = 0.81$; body care (factor 2) obtained $\alpha = 0.70$; body touch (factor 3) presented $\alpha = 0.66$; and body protection (factor 4) obtained $\alpha = 0.37$ ¹⁴.

The data was compiled in a spreadsheet of Microsoft® Office 365, version 1812, and, after coding and tabulation, were analyzed by means of descriptive statistics. The Chi-square test for independence was performed considering a 5% significance level ($p \leq 0.05$).

Results

In Table 1, it was observed that the majority of the patients who participated in the study were female ($n = 16$; 53.3%) and the mean age was 64 years.

Table 1. Sociodemographic characteristics of Pouso Alegre study participants, Minas Gerais, 2018

Variables	N	%
Sex		
Male	14	46.7
Female	16	53.3
Age groups		
35 to 45 years	1	3.3
46 to 55 years	4	13.3
Over 60 years old	25	83.3
Marital status		
Separate	6	20.0
Married	20	66.7
Others	4	13.3
Total	30	100

Table 2 shows that the mean total score on the BIS scale was low in the population studied. According to this result, the study patients present low body image. There was statistical difference between the mean and median values of the total score on the BIS scale. The mean of the total score and of the domains "body image, body touch and "body protection" of the BIS scale were low in the studied population. There was a significant difference between the means of the domains on the BIS scale. According to this finding, the patients of the study presented low body image.

Table 2. Domains of the Body Investment Scale in venous ulcer patients. Pouso Alegre, Minas Gerais, 2018

Descriptive Statistics	Domain				P value
	Body image	Self-care	Body touch	Body protection	
Average	16.30	23.93	18.30	5.53	0.003*
Standard deviation	2.806	3.248	1.985	1.592	
Median	16.00	23.00	19.00	6.00	

* Significance level $p \leq 0.05$

Discussion

In this study, there was a predominance of women and individuals over 60 years of age. These results are similar to the results of other studies that reveal a greater tendency for venous ulcers to occur among female and elderly people^{6,14}. The average total score on the BIS scale was 34.0. The results now found confirm that the patients who participated in the study had low self-image. Several authors corroborate these findings^{6,14-16}. Self-image is considered an important indicator of mental health because it interferes with affective, social and psychological aspects.

The venous ulcer may present exudate, odor, edema, pain and difficulty in healing. Such factors may result in a distorted image and a decrease in self-image and self-esteem, affecting the perception of oneself, i.e., the person sees himself/herself without attraction. The sudden change in the body image causes confusion and negative alteration in the way it is perceived¹⁷⁻¹⁹. The knowledge of health-related self-image levels in venous ulcer patients, as well as the changes caused in their daily life and activities, provides the professional with assistance planning for these individuals. Thus, health professionals can develop preventive programs and intervention strategies that minimize the inconveniences resulting from physical and anatomical changes that occur with the person with venous ulcer.

The low scores in the BIS scale domains observed in this study coincide with the results of previous studies that indicate that venous ulcer affects negatively several dimensions related to self-image, highlighting the domains of body protection, body touch and body image that were most affected. The patient with venous ulcer faces a multiplicity of physical, biological, psychological, spiritual, social and sexual alterations, which generate impact on the body image, self-esteem and quality of life. This impact influences the patient's daily activities, such as traveling, practicing sports, attending clubs, as well as interferes with self-care due to insecurity, fear in relation to the adherence of the dressing, the odor exhaled by the ulcer and the frequent dressing changes. These changes may cause the individual affected by the injury to be away from work^{20,21}.

The presence of the ulcer generates the need for the practice of self-care by the patient, aiming at recovering his health and reestablishing his activities of daily life. However, venous ulcer is a chronic disease of complex treatment, which makes it difficult for the patient to perform self-care. The patient needs to actively participate in his or her self-care in order for the treatment to be successful. Often this requires lifestyle changes by adopting healthier practices. A positive result does not depend only on the treatment prescribed by the health professional. The person with venous ulcer needs to be aware of his/her health condition and of the need of practices directed to the promotion of health and quality of life and the importance of his/her adherence to the treatment^{6,18}.

Most of the time, people with venous ulcers mobilize knowledge independently when performing their own care, always according to what they consider to be the best for them. In other words, to take care of themselves, they make use of the knowledge sedimented from their own experience with the disease and the care by relatives who have experienced the same condition^{19,22}. When this is not possible, they ask formal and informal caregivers to guide them in their care actions. However, it is important to keep in mind that people follow the advice of health professionals when they understand them and when they believe they bring them attainable benefits. Hence the importance of adapting information to people's condition, so that the teaching is assimilated and used in care related to chronic health situation²³.

Changes in body image signal that health professionals should provide humanized, personalized and systematized assistance, not only worrying about the ulcer, but about the individual as a whole, who feels isolated, needy, impotent, and sometimes without adequate treatment.

The limitations of the study discussed here include the small number of participants and the absence of a control group, these aspects being a possible perspective for new studies.

Conclusion

Through this study, we can conclude that people with venous ulcers who participated in the study presented low values for the mean total score and scores of the BIS scale domains. This result indicates that the individuals evaluated have low body image and their feelings are negative in relation to their own body.

In view of the needs that have arisen in recent decades with the increase in the number of patients with venous insufficiency that can lead the individual to live with venous ulcer, it is essential to redirect the academic training and qualification of health professionals, valuing not only the content, but also the care practice provided to these people, being essential that these professionals become aware of the importance of the patient performing self-care.

Competing interests

No financial, legal or political conflicts involving third parties (government, companies and private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to grants and financing, participation in advisory board, study design, preparation of manuscript, statistical analysis, etc.).

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