Extension activities aimed at the prevention of chronic non communicable diseases: experience report

Ações extensionistas com foco na prevenção de doenças crônicas não transmissíveis: relato de experiência

Acciones de extension con el foco en prevención de enfermedades crónicas no transmisible: relato de experiência

Kelly Silva[*]
Raphaela Barroso Guedes-Granzotti[*]
Patrícia Aparecida Zuanetti[**]
Pablo Jordão Alcântara Cruz[*]
Tatiane Lisboa Souza[*]
Paloma Araújo Lisboa[*]
Nathália Monteiro Santos[*]
Rodrigo Dornelas[*]

Abstract

Introduction: *Alterations in communication can occur due to Chronic non Communicable Diseases (CNCDs) affecting the quality of life and autonomy of the subject.* ***Objective:*** *to describe an extension of action focusing on prevention of CNCDs that cause impairments in communication and linguistic process.* ***Experience report:*** *The extension activities were conducted in the period from February to October 2015 in the Clinical Medical wing of a secondary level Regional Hospital. The target group were patients hospitalized for more than 24 hours and their accompanying. The action occurred in the rooms of the hospital and was conducted in four stages, with approximate total duration of 50 minutes. The first stage aimed to inform about the influence of human communication on quality of life and the role*

*Universidade Federal de Sergipe- UFS- Lagarto (SE), Brazil
**Universidade de São Paulo – USP- Ribeirão Preto (SP), Brazil
Authors' contributions: KS Idealization, orientation and administration of the project. RBGG Analysis and interpretation of results. PAZ Discussion of the methodology applied and of the results. PJAC, TLS, PAL and NMS Elaboration of the manuscript. RD Analysis of the results and general supervision of the work.

Correspondence address: Rodrigo Dornelas - rdgdornelas@gmail.com
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of Speech and Language Pathologist in disease prevention actions, health promotion and rehabilitation. The objective of the second stage was to identify the main avoidable risk factors for CNCDs in the target population. Then, in the third stage was conducted a presentation about risk factors for chronic diseases with orientations about the importance of modifying certain behaviors. In the last step was conducted a questionnaire of satisfaction of participants in relation to the proposed action. ***Final considerations:*** *These extension activities had as principles: user embracement, shared decision, humanization and the autonomy of the subject. Encourage healthy choices and emphasize its benefits can help individuals to build strategies that enable lifestyle providing well-being and quality of life.*

Keywords: *Community-Institutional Relations; Risk Factors; Chronic Disease; Communication; Speech, Language and Hearing Sciences.*

Resumo

Introdução: *Alterações na comunicação podem ocorrer em decorrência de Doenças Crônicas não Transmissíveis (DCNTs) comprometendo a qualidade de vida e autonomia do sujeito.* ***Objetivo:*** *descrever uma ação de extensão com foco na sensibilização a respeito dos fatores de risco de DCNTs que podem comprometer o processo comunicativo e linguístico.* ***Relato de experiência:*** *A ação de extensão foi realizada no período de fevereiro a outubro de 2015 na ala de Clínica Médica de um Hospital Regional de nível secundário. O público alvo foram os pacientes hospitalizados por mais de 24 horas e seus acompanhantes. A ação ocorreu nos quartos do Hospital e foi realizada em quatro etapas, com duração total aproximada de 50 minutos. A primeira etapa teve como objetivo informar sobre a influência da comunicação humana na qualidade de vida e o papel do Fonoaudiólogo em ações de prevenção de doenças, promoção de saúde e na reabilitação. O objetivo da segunda etapa foi conhecer os principais fatores de risco evitáveis para DCNTs na população alvo. Em seguida, na terceira etapa, foi realizada uma palestra sobre fatores de risco para doenças crônicas com orientações a respeito da importância da modificação de determinados comportamentos. Na última etapa foi aplicado um questionário de satisfação.* ***Considerações finais:*** *Esta ação de extensão teve como princípios o acolhimento, a decisão compartilhada, a humanização e a autonomia do sujeito. Estimular escolhas saudáveis e enfatizar seus benefícios pode auxiliar os sujeitos a construírem estratégias que possibilitem hábitos de vida proporcionando bem-estar e melhor qualidade de vida.*

Palavras-chave: *Relações Comunidade-Instituição; Fatores de Risco; Doença Crônica; Comunicação; Fonoaudiologia.*

Resumen

Introducción: *Los cambios en la comunicación puede ocurrir debido a enfermedades crónicas no transmisibles que afectan a la calidad de vida y autonomía del sujeto.* ***Objetivo:*** *Describir una acción de extensión enfocada en la sensibilización sobre los factores de riesgo de enfermedades no transmisibles que podrían poner en peligro el proceso comunicativo y lingüístico.* ***Relato de experiencia:*** *La acción se llevó a cabo en el período de febrero a octubre de 2015. El público eran pacientes hospitalizados durante más de 24 horas y sus compañeros. La acción se llevó a cabo en las salas del hospital y en cuatro etapas. La primera etapa com objetivo informar acerca de la influencia de la comunicación humana en la calidad de vida y el papel de terapeuta del habla en las acciones de prevención, promoción de la salud y la rehabilitación. El objetivo de la segunda etapa fue identificar los principales factores de riesgo evitables para las enfermedades no transmisibles. Luego, en la tercera etapa de una conferencia sobre los factores de riesgo de enfermedades crónicas con las directrices acerca de la importancia de modificar ciertos comportamientos. En el último paso fue un cuestionario de satisfacción.* ***Consideraciones finales:*** *Esta acción de extensión era a los principios de alojamiento, de decisiones compartida, la humanización y la autonomía del sujeto. Alentar a las opciones saludables y hacer hincapié en sus beneficios pueden ayudar a las personas a construir estrategias que permitan el estilo de vida que proporciona bienestar y calidad de vida.*

Palabras clave: *Relaciones Comunidad-Institución; Factores de Riesgo; Enfermedad Crónica; Comunicación; Fonoaudiología.*

Introduction

Since last century Brazil has faced substantial changes in the population's morbidity profile due to several social and economic transformations which have taken place in this period. Infectious and parasitic diseases which prevailed in this scenario provided space to chronic non communicable diseases (CNCDs), which are currently the main causes of death (Ministry of health, 2005). In addition to the high mortality rate, many hospital admissions occur as a result of CNCDs[1,2].

CNCDs are illnesses that affect individuals for an extended period of time and are not static, since they present worsening and improvement periods (acute episodes)[3]. Examples of these diseases are *diabetes mellitus*, arterial hypertension, cardiovascular disorders, cancer, cerebrovascular accidents (CVA), arthritis, depression, respiratory disease and others[4,5]. In Brazil, arterial hypertension, depression and *diabetes mellitus* are the most prevalent CNCDs, but CVA is the disease that most limits daily activities of subjects [5].

The CVA can cause functional or structural changes in different brain regions, thus is considered one of the neuropathologies capable of generating brain changes that may lead to a communication deficit in the form of speech and language disorders [6].

There are several different risk factors for the development of CNCDs. Some factors, such as age, heredity, gender and race are considered as non-modifiable factors, while arterial hypertension, high alcohol intake, *diabetes mellitus*, smoking, sedentary lifestyle, stress, improper nutrition and high cholesterol levels are regarded as modifiable factors. In other words, they are factors that can be mitigated with guidelines, support from health care staffs and medication [3].

In order to minimize the frequency of CNCDs, educational measures are of utmost importance, as they present rapid impact on the subject's health status[5]. Following this line of reasoning, the World Health Organization (WHO) proposed a preventive approach to control these diseases, the main objective being to reduce number of increase in arterial pressure, smoking, alcoholism, sedentary lifestyle, poor nutrition, obesity and hypercholesterolemia cases [7].

Implementing strategies focused on disease prevention and health promotion is capable of modifying risk factors for the CNCDs of the Brazilian population[3]. Measures for disease prevention and health promotion contribute significantly to treat or mitigate the population health problems and may improve health conditions, which will reflect in their quality of life[8,9].

The history of speech, language and hearing sciences, which had as its priority therapeutic clinical care, is increasingly inserted within the context of health promotion. Thus, it can be seen that actions with a focus on health promotion can be performed in any space, even in clinical hospital environment, since it is known that human communication may undergo damages due to CNCDs, such as CVA, either by individual or associated changes in voice [10], language [11], speech[12] or memory[13].

This communication aims to describe an extension action focusing on the prevention of CNCDs that cause impairments in communication and linguistic process.

Experience report

This study was approved by the Research Ethics Committee under number CAAE: 32813514.8.0000.5546. All participants were informed on the details of the research by means of the Informed Consent Form. This is an action performed by the Institutional Extension Initiation Scholarship Program. This intervention is transversal and preventive focusing on the damage decrease related to avoidable risk factors for CNCDs.

The participants of this study were hospitalized patients at the Clinical Medical Wing of a Secondary Level Regional Hospital of a state in the Northeastern region and their caregivers, over 18 years old, of both sexes.

Patients who did not have the physical or psychological conditions to answer the questions, individuals who did not respond to the questionnaires and those who were housed in the isolation ward diagnosed with infectious and contagious diseases were excluded.

102 individuals participated in the action: 69 caregivers (8 males and 61 females); 33 patients (12 males and 21 females). The difference between the number of participants, patients and caregivers occurred because some patients were resting, showering or with diminished level of consciousness.

The mean age of the caregivers was 39.6 years and of the patients was 57.8 years.

Regarding the educational level of the patients, eight of the 33 patients were illiterate, 18 (54.54%) had incomplete primary education, five (7.24%) had complete primary education and two (2.89%) had incomplete secondary education.

In relation to the caregivers, six (8.69%) were illiterate, 33 (47.82%) had incomplete primary education, four (5.79%) had complete primary education, six (8.69%) had incomplete secondary education, 11 (15.94%) completed secondary education, four (5.79%) had incomplete higher education and five (7.24%) had completed higher education.

The most reported occupation was of farmer for both groups and the average income of 27 patients (81.8%) was equal or less than a minimum wage, as for the caregivers, 51 (74%) reported this income range.

The action took place in hospital rooms (each room has five beds with chairs for the companions for each bed). The participants did not have to move from their seats.

The action was conducted in four stages, all on the same day, with approximate total duration of 50 minutes.

The action was announced in the hospital through a banner fixed in the waiting room, containing information about the intervention to be performed.

Stage 1

In the first stage the presentation of the extension action and its objectives was carried out, followed by the explanation of the concept of communication and the scope of practice of speech, language and hearing sciences in this area. A banner was used as a visual support during the explanation.

Stage 2

In the second stage, a structured and closed initial questionnaire was applied with questions regarding risk factors for CNCDs. The questions asked were:

- Do you have a habit of smoking?
- If not, have you ever had this habit in your life?
- Do you drink alcohol?
- If so, how often?
- Do you do regular physical activity?
- Do you usually eat food with a lot of salt?
- Do you see yourself to be a stressed person?
- When you are driving, do you ALWAYS wear a seat belt?
- When you are riding a motorcycle, do you ALWAYS wear a helmet?

The results are shown in table 1.

Table 1. Absolute and relative frequency of risk factors mentioned by participants (patient and caregiver)

Avoidable risk factors	Patient*	Caregiver*
Smoking	1(3%)	6(8,7%)
Former smoker	16(48,5%)	4(5,8%)
Drinking alcohol	7(21,2%)	21(30,4%)
Does not practice physical activity	24(72,7%)	37(53,6%)
Eats food with a lot of salt	1(3%)	9(13,1%)
Feels stressed out	20(60,6%)	46(66,7%)
Does not always wear a seat belt when riding a car	15(45,4%)	15(21,7%)
Does not always wear a helmet when riding a motorcycle	18(54,5%)	29(42,1%)

Legenda: *33 patients and 69 caregivers participated in the action.

Stage 3

In the third stage was presented a lecture entitled "CommunicACTION"

Afterwards, as support material, figures representing the main avoidable risk factors, which were discussed in the lecture (smoking, alcoholism, sedentary lifestyle, use of preventive measures in road traffic, nutrition) and the main CNCDs (cerebrovascular accident and traumatic brain injury) were used.

At this moment, participation and dialogue with all participants were ensured with examples from daily life and focus on information exchange, considering each participant to be active in their own life and encouraging autonomy and self-care.

Involvement of the participants, both patients and caregivers, was observed in the actions and discussions were raised regarding the theme of the action. Many participants asked questions and shared their experiences. They also identified the main difficulties in changing such habits and behaviors.

The theme discussed proved to be of general interest and questions were addressed, which demonstrated interest of the participants, thus confirming the relevance in promoting communication.

Therefore, there was a space for conversation and construction of knowledge in an active way by the participants, since they were considered main actors of their own health.

Stage 4

Finally, in the fourth stage, a final questionnaire was applied regarding the impact of the action and the satisfaction level of the participants. They all have shown a good acceptance of the action.

Among the answers obtained in the questionnaire, which was applied after the initial questionnaire and lecture, 37 participants (36.3%) found the lecture very good and 65 (63.7%) found it was good.

Seventy-five participants (73.5%) reported that they will try to change their habits and think they will succeed, 16 participants (15.68%) will try, but they think that will not be able to change, eight participants (7.8%) reported that will not change their habits and three (4%) did not respond.

As for the level of satisfaction of the lecture and workshop, 50 participants (49%) felt very satisfied and 52 (50.9%) felt satisfied.

Of those who felt informed about how to prevent communication problems, 100 participants (98%) replied positively and said they felt fully informed and only two participants reported that they did not feel informed.

When asked if they would comment on the lecture with other people, 90 of the participants(88.2%) said they would comment with family and friends, nine (8.8%) said they would only comment with family members and three (2.9%) informed that they would not comment on the lecture with anyone.

It is worth noting the large number of people with modifiable risk factors, which is more frequent among companions/caregivers than of hospitalized participants. It is known that the number of people who will seek the Brazilian Unified Public health System (SUS) in the coming years due to CNCDs tends to increase, demanding from the authorities a better organization of this system and from research and health centers to aim at an expanded and qualified patient care.

Given the results of this action and by the urgent need to reduce the number of CNCDs, it is essential to work towards developing subject's autonomy in this preventive process. Certainly, autonomy is a precondition for health and citizenship and hence, primordial to be built in the health/disease process[14].

For this reason, rethinking the dialogue between society and health services becomes essential, as quoted in the text below:

"The relationship between health services and subjects can also be thought as a clinical relationship. How to build health practices in this field, more dialogued, less infantilized, that are more autonomous, less producers of fear and submissive to criticism? Perhaps an appropriate question would be: how much does our collective health practice needs fear and submission to function?"[15]

Final Considerations

In order to promote health and prevent communication problems resulting from CNCDs, the lecture worked as an educational environment for the participants, since the various risk factors exemplified could be avoided. Besides, it also

sensitizes those involved to decide what changes are necessary for a better quality of life.

The risk factors of various CNCDs, especially those related to CVA, were clarified. This extension project provided the involved undergraduate students the direct contact with the principles of the Brazilian Unified Public health System (SUS) of universality, equity and integrality of health care, as well as to experience humanization and reception, preparing them to work based on these principles and aware of the importance of promoting health.

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