



## THE CARE OF THE ELDERLY WITH DIABETIC NEPHROPATHY IN CONSERVATIVE TREATMENT\*

*O CUIDADO DE IDOSOS COM NEFROPATIA DIABÉTICA EM TRATAMENTO CONSERVADOR*

*ATENCIÓN DE ANCIANOS CON NEFROPATÍA DIABÉTICA EN TRATAMIENTO CONSERVADOR*

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This study aimed to describe the care of the elderly and the participation of the family in the conservative treatment of diabetic nephropathy. This is a qualitative, descriptive and exploratory study developed with twelve people, from which six were elderly patients with diabetic nephropathy in conservative treatment, followed in a nephrology ambulatory and a family member. Data collection occurred from August to October 2011 using semi-structured interviews. Data were subjected to thematic analysis. The results highlighted the need of adaptation and restrictions in eating routine, of control and knowledge of treatment and medicine and inclusion of family members in the treatment of the elderly. Thus, the elderly with diabetic nephropathy in conservative treatment and their families experienced care permeated by difficulties. So, they require professional help to have enough knowledge to understand and adhere to this treatment.

**Descriptors:** Aged; Diabetic Nephropathies; Diabetes Mellitus; Diabetes Complications; Nursing.

Este estudo objetivou descrever o cuidado de idosos e a participação dos familiares no tratamento conservador da nefropatia diabética. Trata-se de uma pesquisa qualitativa, descritiva e exploratória desenvolvida com doze pessoas, sendo seis idosos portadores de nefropatia diabética em tratamento conservador acompanhados em um ambulatório de nefrologia e seu familiar. A coleta de dados ocorreu no período de agosto a outubro de 2011 por meio da entrevista semiestruturada. Os dados foram submetidos à análise temática. Os resultados evidenciaram a necessidade de adaptações e restrições na rotina alimentar, de controle e conhecimento do tratamento e medicamentos e da inclusão dos familiares no tratamento do idoso. Conclui-se que os idosos com nefropatia diabética em tratamento conservador e seus familiares vivenciam o cuidado permeado por dificuldades. Assim, necessitam de ajuda profissional para terem conhecimento, compreenderem e aderirem a este tratamento.

**Descritores:** Idoso; Nefropatias Diabéticas; Diabetes Mellitus; Complicações do Diabetes; Enfermagem.

El objetivo fue describir la atención de ancianos y la participación de la familia en el tratamiento conservador de la nefropatía diabética. Investigación cualitativa, descriptiva y exploratoria, desarrollada con doce personas, seis ancianos con nefropatía diabética en tratamiento conservador en ambulatorio de nefrología diabética y su familiar. Los datos fueron recolectados entre agosto y octubre de 2011 mediante entrevistas semiestructuradas. Los datos fueron sometidos a análisis temático. Los resultados señalaron la necesidad de ajustes y restricciones en la rutina alimentaria, de control y conocimiento del tratamiento y medicamentos y de la inclusión de los familiares en el tratamiento de anciano. Los pacientes ancianos con nefropatía diabética en tratamiento conservador y sus familias experimentan la atención llena de dificultades. Por lo tanto, necesitan de ayuda profesional para conocimiento suficiente, comprensión y adhesión a este tratamiento.

**Descriptor:** Anciano; Nefropatías Diabéticas; Diabetes Mellitus; Complicaciones de la Diabetes; Enfermería.

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## INTRODUCTION

From the last decades, according to the world trends, the progressive increase of the elderly population was noticed. It is estimated that by 2050 Brazil will have 63 million elderly, that is, it will be the sixth oldest population in world<sup>(1)</sup>. The modifications inherent to aging make the subject more susceptible to diseases, and among these, the chronic diseases are highlighted.

The chronic diseases are the permanent ones, which can cause incapacities or residual deficiencies, caused by irreversible pathological alterations<sup>(2)</sup>. Among those diseases chronic renal insufficiency (CRI), it is characterized by the progressive and generally irreversible loss of the glomerular filtering. This disease is classified in six stages from zero to five. Stage two is characterized by the beginning of CRI, and, in the last phase, therapies of renal substitution are indicated<sup>(3)</sup>.

The growing of the incidence of CRI is related with the diabetes mellitus (DM), which in Brazil affects more than six million people<sup>(4)</sup>. The renal failure caused by this pathology is called diabetic nephropathy, which results from hemodynamic alterations resulting from the effects of hyperglycemia causing lesion in the renal micro-circulation and ending in glomerular sclerosis<sup>(5)</sup>.

The diabetic nephropathy affects around 20 to 30% of the people with DM type I and II<sup>(6)</sup>. The carriers of this pathology have the renal function deteriorated rapidly. That is why it is important that they should be taken to a nephrology ambulatory in order to have a conservative treatment through which they will be monitored in order to decrease the progression of the chronic renal disease and to delay the need of dialysis.

The CRI is controlled by means of conservative treatment for a period which can vary from months to years. This therapeutical mode has the objective to prevent and treat metabolic acidosis, sodium and potassium disorders, anemia, hypertension, besides promoting psychological and emotional support and to offer to patients and family information on the disease

and on its therapeutics. This treatment also involves hydric and diet restrictions, pressure and glycemie control and changes in the style of life<sup>(7)</sup>.

The adhesion to a therapeutical regimen can not be reduced only to the compliance of the professional recommendations, once it requires changes in his style of life to perform specific activities which promote and maintain health. These activities involve the regular use of prescribed medication, the adherence to adequate diet, the monitoring of the signs and symptoms of the disease and the submission to periodical health evaluations<sup>(8)</sup>.

In the case of the subject being carrier of diabetic nephropathy in conservative treatment, the non adhesion to those cares means a quick evolution to dialytic therapies. In this context, in order to reach success with the care with the therapy, the acting of the health professional is indispensable. The conservative treatment of diabetic nephropathy involves the acting of the multi professional team in the promotion of health to reduce the risk factors. It is in this scope that the nursing team promotes educational actions with the patients, emphasizing the self care in order to make them independent and provide them the comprehension of the necessary care to maintain the quality of life<sup>(9)</sup>.

It is highlighted that the agreement with the Agenda Nacional de Prioridades de Pesquisa em Saúde (National Program of Priorities of Survey in Health) which is subdivided in hierarchic levels, establishing the direction of the surveys according to the sanitary and epidemiological situation, both the DM as well as the chronic renal disease and the health of the elderly are priority themes for the health surveys<sup>(10)</sup>.

The elderly patient who has his own demand of the aging and experiences a situation of chronic disease, such as the diabetic nephropathy has modifications in his daily care. Besides the care imposed by aging, there are still several cares to control diabetic nephropathy, such

as technical procedures, frequent doctor's appointments and exams, which lead to changes in the habits of life, besides bringing personal, family and social repercussions<sup>(5)</sup>.

From the above mentioned, a guiding question of this study was made: How do the care of the elderly in the conservative treatment of the diabetic nephropathy and participation of their families occur? So, we have as objective to describe the care of the elderly in the participation of the family members in the conservative treatment of diabetic nephropathy.

## METHOD

This is a descriptive and exploratory survey with qualitative approach. 12 people participated in it, from which six were elderly carriers of diabetic nephropathy in conservative treatment and their accompanying family members. The number of surveyed subjects was established by saturation of the data and by the possibility to reach the objectives of the study. Of the six elderly, four were male and two were female. The accompanying family members were the spouses, daughters-in-law and daughters.

The elderly in this study were monitored in the nephrology ambulatory of a public teaching hospital in the southern region of Brazil. This ambulatory offers accompaniment for patients from phase two up to phase five of the CRI. The return of the patients to the ambulatory is defined according to the evolution of the CRI and this can vary to 60 to 180 days. Once there is a list of patients scheduled for the doctor's appointments, the surveyors will make a previous telephone call in order to invite the subjects to participate in the survey.

The data were collect in the patient's house or in the Uremia ambulatory, according the availability of the participants. In order to be included in this study, the subject must be elderly (60 years old or more); a carrier of diabetic nephropathy; in conservative treatment in the uremia ambulatory; accompanied by family members at the time of the interview.

The data collection occurred by semi-structured interviews, with open questions on the care in the control of diseases, on the participation of the family in the treatment and on the influence of the ambulatory accompaniment in the treatment. The interviews were made from August to October, 2011.

The data analysis was made using the method of theme analysis<sup>(11)</sup>. This technique allows discovering the nuclei of sense which form a communication and whose presence of frequency means something for the aimed objective. Operationally, the theme analysis is formed by three stages: pre-analysis, exploration of the material and treatment of the results obtained together with the interpretation<sup>(11)</sup>.

In the first stage, the choice of the documents for analysis was made with the resume of the initial presuppositions of the survey. Indicators for the comprehension for the material and interpretation were elaborated. The second stage covered the exploration of the material with the search of the categories and expressions or meaningful words. The third stage covered the treatment of the results obtained and the interpretation according to the frequency of the contents in the transcript material<sup>(11)</sup>.

The approval of the project of survey by the Committee of Ethics and Survey of the institution under no. 23081.002/2011-00 and the Certificate of Presentation for Ethical Appreciation no. 0158.0.243.000-11 were obtained. The guidelines and the regulating rules of survey involving human beings followed those. The interviewed subjects signed the Informed Consent Form after being informed, in clear and accessible language, about the objectives, benefits and risks of the survey and that there was no obligation of their participation.

The interviews were recorded in audio and, later, transcript in a text editor. In order to preserve anonymity of the subjects the letters "I" for the elderly and 'F' for the family members were used followed by an Arabic number according to the sequence of the interviews.

## RESULTS E DISCUSSION

The interviewed elderly were between phases two and five of the CRI, which vary from a slight decrease of the renal function, until the terminal CRI, coming close to the substitutive renal therapy. Of this elderly, three were married, two were widowers and one was divorced. The income varied from one to two minimum wages. Just one of the elderly was not retired. All of them stated that they attend the ambulatory appointments regularly.

From the analysis of the interviews made with the elderly and their family members, two categories emerged: care of the elderly with diabetic nephropathy in conservative treatment and difficulties of care of the elderly with diabetic nephropathy in conservative treatment.

### Care of the elderly with diabetic nephropathy in conservative treatment

The care demanded in the conservative treatment of the elderly with diabetic nephropathy requires adaptation in the feeding routine due to the association between the renal disease and the diabetes mellitus, as well as the control and knowledge of the medication. *And from there to here (from diabetes to nephropathy) there is medication and food. Everything is like this; let's say for the diabetes, it has to be wholemeal, whole wheat bread. Now he can't anymore. It can be a little French roll for the afternoon snack, but not whole wheat. About the fruits, he doesn't eat bananas, which he loved for breakfast. He can't eat melon anymore, there is a number of things, kale (F2). I take insulin, I take medicine for the heart, for the kidneys, it is enough, I take medicine for the pressure, I take diuretics, I take medicine for anemia, I take simvastatin which is for cholesterol and triglycerides, the AAS and I think that is all. But then if I had to take more (laughter) (14).*

The association of chronic diseases requires frequent adaptation of the eating routine in order to avoid the progression of the renal disease. The control and the knowledge of the medication are fundamental for the care and security of the health of the elderly with diabetic nephropathy under conservative treatment. So,

there may be difficulty in the understanding and compliance with the appointed treatment, once CRI can be treated, at first, through diet and hydric restrictions and medicine therapy.

The treatment of CRI brings about a succession of conflicting situations which involve the patient and his family once it generally modifies the routine, requiring adaptations and changes in the style of life<sup>(12)</sup>. It is known that the more complex the appointed care for the treatment is, the more orientation the patient and his family must receive.

The knowledge of the elderly and his family regarding the cares in the feeding of a person with diabetic nephropathy is one of the important elements in the treatment. Among the cares with feeding, the differentiated preparation and the restriction in the quantity of carbohydrates ingested seem to influence the way these elderly take care of their health. *There is a bunch of thing He can not eat what is in his list, because they contain potassium. We have to take the potatoes out, and if we are going to cook it we have to leave it the water to let a little of the potassium out (F6). I know that all the food has potassium, what has to be done to take out the potassium, the salt, the beans to cook they have to be from one day to the other, so we put them in the water, sift that first water, because there is the potassium. I hate sweets. I don't like sweets. I had a list that they (ambulatory service) gave me; I bought cooking oil without cholesterol (16). If I eat rice, I don't eat pasta, if I want to eat pasta, I don't eat rice, you know? But everything is like this, if I want to eat manioc, I don't eat other things (14).*

The information on the ingestion and the preparation of food is important for the maintenance of the treatment and it is provided by the health team. A study which evaluated the knowledge of the patient and his family about the disease and the conservative treatment of CRI states that the interviewed subjects had more knowledge about the food rich in potassium than about the food rich in phosphorus. They also noticed that most of the patients and caregivers had insufficient knowledge about the conservative treatment<sup>(7)</sup>.

The activities of education in health are seen as strategies for health promotion, once they enable the subjects for the treatment and make them autonomous to take their own decisions from the reflection on their own body and knowledge about their health, having the option of adopting or not habits and attitudes which are considered healthy<sup>(13)</sup>. Through health education, the nurse worries in assisting the needs of the elderly and his family, paying attention that his orientations are adequate to the socio-cultural reality of the patient. Therefore, the knowledge must not be imposed, but shared among the elderly, the family members and the nurse, in such a way to provide a sum of knowledge. According to that, teaching means creating opportunities for the subjects, making the transition from naïve consciousness to criticism possible<sup>(14)</sup>.

It is relevant that the patient and his family are aware of CRI and the care they must take to keep the diabetic elderly under conservative treatment. A study<sup>(13)</sup> which aimed at evaluating the adhesion of the patients to the conservative treatment of the CRI showed that these patients considered the educational practice important to minimize doubts and difficulties in the treatment, making changes in the style of life possible and resulting in the delay of the progression of the renal disease.

In this study, the family members contributed for the care with the food, helping in the restrictions imposed to the patient by the conservative treatment, which sometimes, deprive them of their food preferences. *I would like to be really salty (food), but everybody eats the same food. I am not going to cook separately; I put a little seasoning, but just a little, it's not the way I used to cook before. I have decreased, I use to cook really salty, not now (F1). It is for everybody (food), he complained: it doesn't have salt! One of my girls who like salty food: mum, there is no salt! But than it won't do, I decreased to less than half of what I used and everybody eats like that, I don't cook separately (F2). Before this I used to make French fries, I don't anymore, it is not possible, it's too much fat. It is good, but it won't do! (F6).*

The effectiveness of the conservative treatment of

the diabetic nephropathy is related to the contribution of the family in the care to the elderly. The alterations incorporated by the family members include the adaption of the eating routine and participation of the whole family in the new habits, once they are not always easy recommendations to be followed. The family will take over a great part of the health care of their members, and that is why they must participate in the every process of care<sup>(15)</sup>.

So, the ambulatory accompaniment of the elderly and his family is one of the cares proposed in the conservative treatment, and the way they the orientations in the ambulatory are given can be seen in this survey as motivating for the elderly. *What they say I have to do, if they tell me to take something and after that I take another, then it is no good, it has to be done, because you come here to have an appointment and do this here (treatment) (12). It teaches us to eat correctly, it motivates more I think, they incentivize the people, the nutritionist herself, she teaches a lot, if they don't talk, I ask again, I remember that one day they explained to me and I said: ah Doctor! Explain to me using my wording for me to understand, then he explained (14).*

The orientations given in the ambulatory accompaniment are perceived as recommendations to be followed, because there is the need to keep the elderly in a conservative treatment. It is known that it is important to stimulate the new habits to the patients and his family, making manners of living well possible, without overtaking the limits imposed by the treatment. The care with the disease is motivated in the ambulatory appointments, even if there is a kind of language which is, sometimes, not clear enough to the elderly and his family. The information must to be given in a simple and objective way, in accessible language to the patient and his family. These people need to be prepared and clarified about all the interfaces of the renal diseases and the treatment, once the need of information is a demand of the family<sup>(5)</sup>.

Among the main factors which influence in the care of elderly who is a carrier of diabetic nephropathy in conservative treatment, the habits and costumes

which the patient acquired along his life are highlighted.

*The meat is the most difficult. I was brought up out of house, in the countryside, eating oil and fat and everything and, sometimes, I feel like putting fat on top of cake. (I2). We do a lot to try do change, but it is difficult, I do everything in the measure of salt, try to do the possible, always trying to control, but it is difficult, it is difficult to eat salad. The restrictions, take a look at his age, spend his whole life eating all kinds of food and then he sees that he can not eat, it's tough (F6).*

The transformations in eating generate anxiety which is more evident in the elderly who are submitted to restrictions, but have as objective to keep their health. The chronic disease brings within itself different problems which interfere in the way of living of the elderly and of the people who live with them. Therefore, the experience of each patient interferes in the way he sees his diseases, and consequently, alters the way he adheres to the treatment<sup>(16)</sup>. The style of life is many times influenced by the culture or the environment in which the subject was brought up. The elderly have their habits deep-rooted, and suddenly they face hydric restrictions and diets imposed by the progressive renal failure, and they still have a great number of medicine which must be continuously taken.

The orientation on new habits of life seems to be a field for the acting of the nurse. The health professional needs to have the ability to take care of the elderly who are carriers of diabetic nephropathy in order to motivate them to develop a participative and reflexive behavior regarding the care with the treatment.

### **Difficulties in the care of the elderly with diabetic nephropathy in conservative treatment.**

The difficulties faced in the care of the elderly under treatment can be associated to the lack of necessary knowledge to the control of their diseases which could delay the advance of diabetic nephropathy. *I know, the food has to be at home, I eat everything. Ah, tangerine. I eat about seven or eight in half a day (I1). He can not mix (referring to the fruits) (F1).*

The deficit of knowledge about the diet of the elderly with diabetic in a conservative treatment can

affect his condition of health. There is a mistake when the family member thinks that the act of mixing fruits is wrong and the lack of knowledge that the excessive ingestion of fruit is counter-indicated once in the diabetic nephropathy the people do not excrete ions of potassium in the same way that a healthy person does, so it can cause hyperkalemia<sup>(3)</sup>.

The complexity of the care can result in a greater probability of errors in the eating during the pre-dialytic period. This complexity happens due to the several restrictions established by the conservative treatment, which are necessary to maintain the patients out the dialytic therapy<sup>(7)</sup>.

The adherence of this elderly can be influenced by several factors, linked to the disease, to the treatment, to the patient himself and to his family, besides those related to the conditions of the health assistance which provides him support. Among all these factors, the knowledge of the patient family members regarding the disease and his treatment is pointed out<sup>(7)</sup>.

So, the nurse can work providing support to the elderly and his family members, so as to provide a singular and individualized care, valuing the subjectivity of each person through dialog. This care must value culture, beliefs and the costumes of the people, contributing for the promotion of health through the incentive for the participation of the elderly and their families in search for a better quality of life.

Among the difficulties faced in the care of the elderly with the treatment there is also the little knowledge on the administration of the medicine and on the quantity. This fact can lead to errors related to the dosage and the schedule, influencing the progression of the disease. *There is no specific schedule (medicine) because there is no right schedule to get up (wake up in the morning) and this doesn't change anything. He is hypertensive; every diabetic is (F2). This morning I took a handful like this (medicine). There are so many drugs that we get lost, did I take it or not? (I5).*

There is a lack of knowledge by the elderly and their family members regarding the action of the

medicine and the effects of irregular administration, which can cause the aggravation of the disease. The nurses need to participate in a active way in the orientations regarding the use of medicine, reminding the patients of the treatment schedule at each appointment<sup>(17)</sup>. With this, the conservative treatment can contribute to prolong life, besides providing a better quality of life to the elderly by controlling the symptoms<sup>(18)</sup>.

A study<sup>(7)</sup> made with patients with CRI in conservative treatment and their families showed that the great number of drugs prescribed requires a frequent evaluation on how these drugs are being used. It was noticed that only the prescription with the name and times of ingestion did not guarantee that the patients could mention how the medicine should be used.

The elderly with diabetic nephropathy in conservative treatment shows a certain dependence on the family members to adhere to the treatment. *I inject (insulin), cook, take care of all the medicine, but lately he was a little left aside, because my husband was sick and he didn't want insulin when I was not in the house (F1). She knows everything (medicine) everything is with the woman, I sit while taking the medicine (I5).*

The difficulty in the adhesion to medical therapy can be related to the dependence of care to the elderly. Thus, the family members contribute in the care required by the conservative treatment of diabetic nephropathy. A study<sup>(19)</sup> with patients accompanied in services of assistance to CRI showed that the patients with accompanying family members receive more information on the conservative treatment than those who take care of themselves alone.

The careful attention paid by the family members is a positive aspect in living with CRI, once the disease can progress to physical, social and emotion complications demanding more care<sup>(20)</sup>. So, the nursing care can provide educational activities which involve the elderly and the family, in order to minimize the errors

and provide a better continuity of the medicine therapy<sup>(9)</sup>.

A study<sup>(17)</sup> made on the use of medicine with elderly showed that, despite the limitations of the elderly, the need of following the therapy, the fear of aggravating his condition of health and the will to live were indispensable for the adhesion to the treatment. Besides that, it was evident that the lack of support from the family members was a decisive factor for not adhering to the treatment.

The need to change the habits of life comprehends some abdications that were considered, in this study, as difficulties for care. *Medicine is only insulin. Yesterday afternoon the glucose was 436. Peanut sweet, pumpkin sweet is really good, I know I can't eat them, but I buy to eat. I am not going to buy to trough it away. I don't take medicine, nothing. I have to stop eating those sweets; I have to take care of myself. Understand, I understand, but I don't do it (I1). She is difficult to understand, it's not easy to deal with her. She refuses to eat, she stops eating, then this is very complicated for me, because she is taking insulin. So, she can't eat badly (F3).*

The autonomy in deciding about the food and medicine restriction of the conservative treatment can be difficult in the sense of quitting the habits of life in order to control the disease. The restrictions imposed by the treatment may seen as a factor of decreasing the quality of life of these elderly.

The food alterations in the conservative treatment are difficult to be followed, once they end up eliminating their own preferences<sup>(9)</sup>, which leads to bad eating and, consequently, it may develop malnutrition of the elderly with diabetic nephropathy in conservative treatment. These eating restrictions are, generally, bothering, once the elderly are forbidden to eat several kinds of food<sup>(12)</sup>. So, the diet must offer options of substitution of the food preventing malnutrition and motivating the proceeding of the care food therapy.

The experience to be in conservative treatment requires, from the elderly with diabetic nephropathy, a comprehension of this condition of health, which means,

among other things, to learn and live with a series of restrictions. It is noticed that the adhesion depends on personal factors of the subject, once the elderly needs to be motivated to adhere to the treatment.

### FINAL CONSIDERATIONS

From this study, it is understood that the elderly with diabetic nephropathy in conservative treatment experience difficulties during the period of care, once there are several conditions imposed by the treatment, which can be related to the social and family structure, the age and/or the seriousness of the disease.

The care required by the treatment of the basic disease suffers alterations after the CRI diagnosis which may lead the patient and this family to confuse the initial and secondary treatments.

The food restrictions associated to the quantity of medicine during the treatment makes the care difficult. In order to be kept in conservative treatment, the elderly showed to be dependent on their family members, who, sometimes, also present difficulties to understand the care required by the treatment.

The elderly need to change their habits of life in order to improve their condition of life during the conservative treatment of the CRI. The family support contributes to face the disease and the adhesion to the treatment. So, it is evident that the importance of participation of the family in the implementation of the treatment is necessary, which, many times, need to renounce and adapt their own daily habits in favor of the health of the patient.

The elderly with diabetic nephropathy in conservative treatment and their family members should receive more information, in order to obtain necessary knowledge for the comprehension of this complex treatment and the effective adhesion of the patients to therapy. For that, the acting of the nurse with the elderly and his family members is necessary, in order to have interventions which motivate and mobilize them for

the importance of following the care related to the conservative treatment of diabetic nephropathy.

Once the nurse knows the potentialities and difficulties faced by the elderly and his family during the conservative treatment, he can use such information in a more congruent way with their reality, stimulating them on the practices of self care, as well as planning the nursing interventions, thus strengthening the promotion/education in health of the binomial elderly/family. It should be emphasized that this study presents limitations regarding the generalization of the data obtained due to the singularity of the subjects surveyed.

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