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ORIGINAL ARTICLE

Adolescence and asthma management: the perspective of adolescents receiving primary health care[☆]

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KEYWORDS

Asthma;
Adolescent;
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Abstract

Objective: To study the influence of adolescence characteristics on asthma management.

Methods: This was a qualitative study conducted in the city of Divinópolis, Minas Gerais, Southeast Brazil. Data were collected through semistructured interviews guided by a questionnaire with seven asthmatic adolescents followed-up in the primary public health care service of the city.

Results: Using content analysis, three thematic categories were observed in the adolescents' responses: 1) family relationships in the treatment of asthma in adolescence; 2) the asthmatic adolescents and their peers; and 3) the role of the school for the asthmatic adolescents.

Conclusions: The results demonstrated that peers, family, and school should be more valued by health professionals and by health care services when treating asthmatic adolescents, as these social relationships are closely associated with the adolescent and have an important role in asthma management. Attempts to meet the demands of adolescents contribute to improve asthma management.

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PALAVRAS-CHAVE

Asma;
Adolescente;
Atenção primária à
saúde;
Pesquisa qualitativa

Adolescência e manejo da asma: a perspectiva dos assistidos na atenção primária à saúde**Resumo**

Objetivo: Conhecer a influência das características da fase da adolescência no manejo da asma.

Métodos: Trata-se de um estudo descritivo de abordagem qualitativa realizado no município de Divinópolis, região centro-oeste de Minas Gerais. Os dados foram coletados por meio de entrevistas semiestruturadas orientadas por um roteiro de perguntas junto a sete adolescentes asmáticos atendidos na rede de atenção primária à saúde municipal.

Resultados: Por meio da análise de conteúdo na modalidade temática foram construídas três categorias analíticas: 1) As relações familiares no tratamento da asma na adolescência; 2) O adolescente asmático e seu grupo; e 3) O papel da escola junto aos adolescentes asmáticos.

Conclusões: Os resultados mostraram que o grupo de pares, a família e a escola devem ser mais valorizados pelos profissionais e pelos serviços de saúde, pois essas instâncias se relacionam intimamente com o adolescente e têm papéis importantes no tratamento da asma. A tentativa de atender às demandas do adolescente contribui para a melhoria do manejo da asma.

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Introduction

Asthma is considered a public health problem worldwide.¹ According to Brazilian data, it is the most common chronic disease in adolescence and the third leading cause of hospitalization in this age group.² An international study including several cities in Brazil demonstrated that asthma among Brazilian adolescents aged 13 to 14 years had a mean prevalence of 19%.³ Therefore, it is essential to provide expert care in health services to adolescents with asthma to better manage and control the disease, aiming at appropriate treatment adherence.⁴

Other investigations have shown that adherence to asthma treatment is much more than simply treating the focus of the disease. It goes beyond, comprising patient agreement and consent to the proposed treatment, which in the case of asthma involves the use of medications, control of environmental allergens and irritants, and health service monitoring. Treatment adherence takes into account the health professional-patient relationship⁵ and determines the recognition and appreciation of something that is much more complex than protocols, standards, and consensuses: the patients who experience the disease in their daily lives. It is of utmost importance to know how they cope with their limitations and adapt to the disease burden.

During adolescence, changes and adaptations are intense and comprehensive in the overall context of the individual's life, and can be generally aggravated when there is a preexisting diagnosis of asthma or when the diagnosis is made at this period of life. This is because, in addition to the changes and adaptations inherent to adolescence, the adolescent will have to cope with the changes caused by the disease and those required by the treatment.

In the public health care system, asthma treatment is performed at all levels of care: primary, secondary, and

tertiary. Primary health care is considered an essential level in the treatment of asthma, as it is able to perform diagnosis, treatment, control, and monitoring of most of these patients, providing better access to care and identifying the environmental conditions in which these patients live.

Being subject to such actions in the context of health services, asthma is considered a primary care-sensitive condition, that is, a health problem that can have its risk of unnecessary hospitalization decreased through effective primary care actions.⁶ The decrease in the number of hospitalizations for asthma directly reflects in the costs of the Brazilian Unified Health System (Sistema Único de Saúde - SUS), which, in 2010, had approximately 193,000 asthma-related admissions, generating an approximate expenditure of R\$ 100.8 million.⁷ The comprehensive care of adolescents comprises the possibility of extending the health care professional's actions, whose concerns include the uniqueness of the subject and also the organization of services. Thus, the space once considered the "professional's place" - a place of power - becomes another, in which greater interaction is sought between professionals and the assisted population. Instead of considering that the adolescents should adjust their behaviors according to a preset model, the professional shall consider the subjects in the context of their lives as a factor of utmost importance to understand the patient's problems. The ethical dimension involved in this strategy concerns the fact that, in this relationship, the physician should consider the adolescent as an individual and not as a mere object of research.⁸

Considering these facts and in order to contribute to the implementation of this comprehensive care, this study aimed to evaluate the influence of the adolescence characteristics on asthma management from the perspective of the adolescents assisted in primary care.

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