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RESEARCH ARTICLE

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ENTERAL NUTRITION FOR BEDRIDDEN ELDERLY IN INFORMAL CARE: CHALLENGES AND SOLUTIONS

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ABSTRACT

This review study analyzes the perception of informal caregivers about care with enteral nutrition in bedridden elderly at home, aiming to propose educational activities and improvements in care processes. With the aging of the population and the increase in chronic noncommunicable diseases, comprehensive health care for the elderly becomes a priority. Primary Health Care and Home Care play a key role in this context. Enteral nutritional therapy is commonly used in bedridden patients, and it is up to health professionals to guide caregivers about its correct administration. The study highlights the importance of training caregivers, providing emotional and social support, and promoting an adequate transition from hospital care to home care. Nurses play a central role in educating caregivers and ensuring quality and safe care. The integration of health care networks and the availability of assertive information are fundamental for the success of home care and the prevention of complications associated with malnutrition.

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INTRODUCTION

Aging is a natural process of life and advances worldwide being inversely proportional to the level of fertility, says the United Nations (UN). In Brazil, with the growth of the elderly population, non-communicable diseases (NCDs), also known as chronic diseases, such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, have been outlining a new scenario and represent one of the main public health challenges.⁽¹⁾ For Barbosa⁽²⁾ (2020) the transformations in the demographic characteristics of the population

imply an increase in the dependence on care for users of the health system in the process of chronic diseases, in this issue associated with the diseases of aging. The integral attention to the elderly health is one of the priorities of the Unified Health System (SUS) and, due to the increasing demand from this age group, the National Policy for the Health of the Elderly was approved.⁽³⁾ In this context, Primary Health Care (PHC) acts as a preferred gateway, with a set of actions, at the individual and collective levels, which cover the promotion and protection of health⁽⁴⁾. The importance of care at home has favored the recognition of new tools for the expansion of practices and the meeting of users' needs and, as a consequence, Home Care (HC).⁽⁵⁾

This review study aims to understand the informal caregiver's perception of enteral nutrition in the elderly bedridden at home, in order to propose the creation of educational activities and process changes that support the family or legal guardian and develop improvement plans. This study is considered relevant because it refers to care, quality of assistance, safety of the patient and caregiver who takes the lead in home nutritional therapy, however, not always prepared to provide this care. Thus, among the nurse's attributions is to guide the patient, his family or legal guardian regarding the use, handling and control of enteral nutrition therapy in order to preserve the bedridden elderly and minimize errors or damage. ^(1,6)

Identify, Research and Collect idea: This study is a literature review, narrative, qualitative, whose databases used to carry out this research and selection of scientific articles were: Electronic Library Online (SciELO), Latin American and Caribbean Literature in Science Health (LILACS) and PubMed. Medical Subject Headings (MeSH) were used in isolation without combinations between them, being listed below: Caregiver. Bedridden Patient. Elderly. Aging. Enteral Nutrition. The manual search was conducted in January, February, March, and April 2023, considering as inclusion criteria: articles published in the Lilacs, Scielo, and PubMed platforms; articles in Portuguese, Spanish, and English; articles available in full; articles that fit the theme proposed by this research, free articles, articles published in the last 6 years, and documents from official organizations relevant to the proposed theme. The exclusion criteria were: publications that were not in the aforementioned databases; studies whose results did not apply to the objectives of this study; articles whose titles and abstracts were unrelated to the theme; scientific papers in languages other than Portuguese, English, and Spanish; paid articles, and articles whose methodology was not correctly described. Regarding the ethical aspects, due to the availability of data in the public domain, there was no need for submission to the Research Ethics Committee. Furthermore, the necessary citations and references were used, as well as the techniques and instruments for data collection, based on the detailed analysis of the articles found.

Write down your studies and Findings: In Brazil, the elderly constitute the fastest growing segment of the population. According to the Brazilian Institute of Geography and Statistics (IBGE) from 2012 to 2021, people aged 60 and over went from 11.3% to 14.7% of the population, which represents a leap from 22.3 million to 31.2 million, with growth of 39.8%. ⁽⁷⁾ Population aging is a worldwide phenomenon and implies in adapting health services to the demand, in the structural, technological, and physical context, and with qualified professionals to work with the specificity that this age group of the population has, which causes great challenges to Public Health. ⁽⁸⁾ Patients receiving nutritional therapy at home concomitantly present with comorbidities and varying degrees of dependence, cognition, energy consumption, and level of physical activity. ⁽⁹⁾ According to the Statute of the Elderly, it is the obligation of the family, the community, society, and the government to support them, ensuring the protection and promotion of the rights of the elderly. Healthcare institutions must meet the minimum criteria for meeting the needs of the elderly, promoting the training and qualification of professionals, as well as guidance for family caregivers and self-help groups. ^(10,11) According to the Brazilian Ministry of Health, the caregiver is the person with or without family bonds, who provides support in the physical care of partially or completely limited people, helping with activities that promote a better quality of life. ⁽⁴⁾ The burden of the informal caregiver can be very significant. The caregiver is responsible for the concrete transformation of care, it can also be the task of a single family member added to other activities and the emotional burden, thus it is important that the health team of home care support considers the patient's autonomy in its plurality, but also respects the autonomy of the family caregiver regarding the ability to care and its limitations, free of judgments. ⁽²⁾ Enteral nutrition therapy usually started in-hospital is extended to the home for patients with nutritional risk and incompetent to meet the needs of oral nutrition, and who preserve a functional gastrointestinal tract. ⁽⁹⁾ The physician is the health professional responsible for the indication of enteral nutrition therapy and the nutritionist the dietary prescription. It is up

to the nurse to the preparation of the patient for enteral access, orientation of the patient, the family or legal guardian regarding the operation and control of nutritional therapy, especially at home. ⁽¹⁾

The administration of enteral nutrition occurs through a flexible tube, which goes from where it is inserted, either nasally or orally, to its location in the stomach or intestine, and can also be surgically implanted by the doctor through a small hole (ostomy) in the abdomen. ⁽¹²⁾ For Tavares et al. ⁽¹³⁾ (2015), nutritional surveillance nowadays requires an expanded and humanized viewpoint and a qualified assistance that is sensitive to the specific needs of the elderly, being a relevant indicator in health promotion and in the development of programs and public politics. Guaranteed by the Federal Constitution of 1988, regulated in the Complementary Law of 1990, through its guiding principles and guidelines, the Unified Health System (SUS) aims to offer the individual universal and equal access to actions and services for promotion, protection, recovery and rehabilitation, considering the subject from an integral perspective. ⁽¹⁴⁾ Home Care, redefined by Ordinance No. 825 of April 25, 2016 is a modality of health care integrated into the Health Care Network (RAS), meets as inclusion criteria people in clinical stability, restricted to bed or home (temporarily or permanently), in which it provides opportunities for treatment, palliation, rehabilitation and prevention of diseases, serving the expansion of autonomy of the user, family and caregiver. ⁽⁴⁾ The program formed by multidisciplinary home care teams (EMAD) can be combined with the multiprofessional support teams EMAP, namely: social worker, speech therapist, nutritionist, dentist, psychologist, pharmacist, and occupational therapist. The health unit or hospital itself identifies the patient who needs specialized home care and notifies the Home Care Program. ⁽⁴⁾

CONCLUSION

Home care involves emotional aspects, traditions, habits and customs of the patient and family. There is a clear need to improve care for patients using enteral nutrition at home, in order to avoid hospital readmissions caused by malnutrition and reduce morbidity and mortality rates. For a successful transition from the clinical-hospital environment to the home environment, it is essential to integrate care networks through appropriate flows. Primary care plays a key role as the gateway to public health services, and nurses have a prominent role as educators, seeking to promote knowledge and practices that benefit health maintenance and care. The informal caregiver plays an indispensable role in home care related to enteral nutrition. They are responsible for tube maintenance, preparation and administration of diet and medications, as well as care of the home environment and the patient's health status. Therefore, it is crucial to provide assertive information, adequate emotional and social support to informal caregivers, so that they learn to provide quality and safe care when well supported.

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