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ASSESSMENT OF PROFILE AND QUALITY OF LIFE OF ELDERLY PEOPLE WITH ELIMINATION OSTOMIES

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ABSTRACT

Objective: The aim of this study was to assess the epidemiological profile and quality of life of elderly people with elimination ostomy in a health region in Minas Gerais. **Methods:** This is a cross-sectional study carried out in a public health care service. To describe the profile, all medical records of elderly people with ostomy were evaluated. Then, quality of life was assessed using the City of Hope-Quality of Life-Ostomy Questionnaire. **Results:** There was a mostly female population (55.2%) with a mean age of 67 years (± 8.8). In 64%, the ostomies were definitive, with colorectal cancer being the main diagnosis (71%) and in 41.4% they were partially dependent on self-care. Regarding the assessment of quality of life, the domains of spiritual, physical and social well-being had better assessment indicators (8.1; 8.1; and 8.2 respectively). It was evident that the type of ostomy and the length of stay are negatively associated with the quality of life of people with ostomies. **Conclusion:** The quality of life of elderly people with an elimination ostomy was well evaluated, especially in the domains of physical, social and spiritual well-being.

DESCRIPTORS: Ostomy. Quality of life. Nursing. Nursing care. Elderly. Enterostomal therapy.

AVALIAÇÃO DO PERFIL E DA QUALIDADE DE VIDA DE PESSOAS IDOSAS COM ESTOMIAS DE ELIMINAÇÃO

RESUMO

Objetivo: Avaliar o perfil epidemiológico e a qualidade de vida das pessoas idosas com estomias de eliminação de uma microrregião de saúde de Minas Gerais. **Métodos:** Trata-se de um estudo transversal realizado em um serviço público de atenção à saúde. Para descrição do perfil foram avaliados todos os prontuários de pessoas idosas com estomias. Em seguida, foi avaliada a qualidade de vida por meio do questionário *City of Hope-Quality of Life-Ostomy Questionnaire*. **Resultados:** Verificou-se uma população majoritariamente feminina (55,2%) com idade média de 67 anos (± 8,8). As estomias eram em 64% definitivas, tendo o câncer colorretal o principal diagnóstico (71%) e em 41,4% apresentavam dependência parcial para o autocuidado. Com relação à avaliação da qualidade de vida, os domínios bem-estar espiritual, físico e social apresentaram melhores indicadores de avaliação (8,1; 8,1; e 8,2 respectivamente). Evidenciou-se que o tipo de estomia e o tempo de permanência se associam negativamente com a qualidade de vida das pessoas com estomias. **Conclusão:** A qualidade de vida de idosos com estomia de eliminação mostrou-se bem avaliada, principalmente nos domínios bem-estar físico, social e espiritual.

DESCRITORES: Estomia. Qualidade de vida. Enfermagem. Cuidados de enfermagem. Idoso. Estomaterapia.

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AVALUACIÓN DEL PERFIL Y CALIDAD DE VIDA DE LAS PERSONAS MAYORES CON ESTOMAS DE ELIMINACIÓN

RESUMEN

Objetivo: El objetivo de este estudio fue evaluación del perfil epidemiológico y la calidad de vida de los ancianos con ostomía en una región sanitaria de Minas Gerais. **Métodos:** Se trata de un estudio transversal realizado en un servicio público de salud. Para describir el perfil se evaluaron todas las historias clínicas de ancianos con ostomía. Luego, la calidad de vida se evaluó mediante el Cuestionario City of Hope-Quality of Life-Ostomy. **Resultados:** Se encontró una población mayoritariamente femenina (55,2%) con una edad media de 67 años (± 8,8). En el 64% las ostomías fueron definitivas, siendo el cáncer colorrectal el diagnóstico principal (71%) y en el 41,4% fueron parcialmente dependientes del autocuidado. En cuanto a la evaluación de la calidad de vida, los dominios de bienestar espiritual, físico y social presentó mejores indicadores de evaluación (8.1; 8.1; y 8.2 respectivamente). Se evidenció que el tipo de ostomía y la duración de la estancia se asocian negativamente con la calidad de vida de las personas con ostomías. **Conclusión:** La calidad de vida de los ancianos con ostomía de eliminación fue bien evaluada, especialmente en los dominios de bienestar físico, social y espiritual.

DESCRIPTORES: Ostomía. La calidad de vida. Enfermería. Cuidados de enfermería. Ancianos. Estomaterapia.

INTRODUCTION

Individuals who undergo surgery for the creation of an elimination stoma face many difficulties related to adaptation and acceptance, and most of them are not instructed in the period before the procedure. Losing voluntary control of stool elimination becomes inconvenient and embarrassing, and has a direct impact on the patient's self-esteem that is already weakened by the disease process itself[1].

The surgical procedure can be seen as mutilating or traumatizing, due to the new body image, and can lead to psychic changes in these people. Besides facing changes in self-image, the person with a stoma has other concerns, referring to the appearance and alteration of the stoma, problems with the loss of the integrity of the skin around the stoma and alterations in sexual activity, bringing suffering, among other sensations, unknown until then[2].

People with stomas, although they have common characteristics that unite them in a special group, are people with their own needs and reactions implicit to their identity and subjectivity. Thus, the response to the problem caused by the opening of the ostomy is related to the personal conditions of each person, as well as to external variations, such as the quality of family support, financial and assistance received in all phases of the surgical treatment that creates the stoma[3].

Therefore, the physical changes reflect in the individuals' perception of themselves and alter their routine in a negative way, increasing the emotional fragility, which can worsen the health picture due to the absence of adequate care, and even the deprivation of social spaces and mechanisms[1].

The Brazilian Ministry of Health estimates that there are 207,000 people with elimination stomas in Brazil. This number takes into consideration a projection made by the International Ostomy Association that informs that there is one person with a stoma for every thousand inhabitants in countries with a good level of care. This number is likely to be even higher due to the absence of records in the municipalities that do not have specialized services[4].

Data from 2016 reveal that in that year there were 418 people with active registrations in the care services for people with stoma in the western health region of the state of Minas Gerais. This study also revealed that the average age was 64 years old, pointing to an elderly population[5].

Other studies describing the profile of people with stomas in Brazil have shown an increase in the number of elderly people living with an elimination stoma. However, their characteristics are unknown to date, as is the quality of life of the patients[6–8].

Currently, it can be considered that health care in Brazil has advanced with the Unified Health System (UHS). The UHS's achievements together with the *Declaration of Ostomates Rights* advocate that the person with a stoma has the right to

a good quality of life after surgery. This implies assistance that starts in the preoperative period and extends to rehabilitation with reinsertion of the individual in the family and community[6].

For the person with a stoma, quality of life will be the maximum achievement of well-being and autonomy, as well as the return to daily activities. The person himself must assess this quality, which in some cases becomes even better than before. Being rehabilitation the main goal of the team that assists people with stoma, its achievement means inserting them back into society, identifying and overcoming the obstacles that may prevent their adaptation[9].

It is worth noting that to ensure comprehensive care, a health team is needed, where nurses, doctors, psychologists, social workers, and nutritionists occupy their role in a humanistic integrating vision in interdisciplinary teams.

A multiprofessional team that aims at the full and precocious rehabilitation of these people, beginning its conducts at the moment in which the possibility of making a stoma is defined, continuing during the surgical act and in the postoperative period, based on the premise that the surgery that led to the creation of the stoma aims at restoring or guaranteeing a better quality of life[10].

Thus, the aim of this study was to evaluate the epidemiological profile and quality of life of elderly people with elimination stomas.

METHODS

Cross-sectional descriptive study conducted in a health microregion in the state of Minas Gerais, Brazil. This region includes 12 municipalities and currently has a Type II Service for the Care of People with Stoma (*Serviço de Atenção à Saúde da Pessoa com Ostomia*, SASPO).

The SASPO II carries out orientation actions for self-care, prevention of complications in stomas, and the supply of protective and safe collecting equipment and adjuvants. Besides these attributions, it also treats complications that may arise and carries out actions to train professionals.

The study was conducted in two stages. Initially, documentary research was carried out where all the medical records of people with stoma in the service were reviewed. The medical records that met the following criteria were selected: elderly people (aged 60 years or older), medical records with active registration in the health service in the period from March to November 2017, and registration record of the first nursing and medical evaluation with complete information. Subsequently, a minimum sample size of 84 people was estimated for the quality-of-life assessment. For this calculation a sample with a 95% confidence interval, a maximum error of 5% and considering a proportion estimate equal to 50% (maximum variance) were considered, in order to meet the statistical requirements of validity of the study.

Seniors who were lucid enough to understand and answer the questionnaire were included. Those who were on any adjuvant treatment for cancer (radiotherapy or chemotherapy) or who were hospitalized at the time of the survey were excluded.

In order to avoid sampling bias, the elderly people with stoma were randomly selected for quality-of-life assessment. After this step, the researchers made an initial telephone contact to schedule the quality-of-life assessment, which could take place at home or at the service itself. In the occurrence of refusal or exclusion of the patient, a new draw was made until the sample number was reached.

The evaluation of the profile of the person with a stoma was carried out based on the information collected from the registration forms in the medical records. This form contains information about the sociodemographic variables (gender, marital status, age, education, and family income), stoma characteristics (type of stoma, length of stay, shape, diameter, and effluent disposal), and the conditions of the people with stomas (self-care performance, abdomen shape, oncologic treatment, and stoma complications).

The evaluation of quality of life was performed by applying a specific instrument called City of Hope – Quality Life – Ostomy Questionnaire (COH-QOL-OQ) adapted for the Portuguese language. This questionnaire was developed and adapted for people with stoma (colostomy, ileostomy and urinary ostomy) with or without cancer. It consists of 43 items divided into four domains: physical, psychological, social, and spiritual well-being. At the end of the instrument, there is also an open question that asks the respondents to share their challenges of being with a stoma.

The work was conducted in accordance with the ethical precepts for research with human beings and was approved by the Research Ethics Committee of the Universidade Federal de São João del-Rei through opinion no. 1,289,660. All participants received and signed the Informed Consent Form and were assured of anonymity.

A descriptive analysis of all the data obtained was performed using frequency tables and graphs. For the characterization, description and analysis of the study, the following programs were used: Statistical Package Social Science (SPSS) 20 and Microsoft Excel 2010.

RESULTS

A total of 85 elderly people with stomas were identified, a group mostly women (55.2%), with a mean age of 67 (± 8.8) years. The majority was also married (54%), with no education or incomplete elementary school education (50.5%). As for occupation, 69 (80.5%) were retired and earned up to two minimum wages (86.1%) (Table 1).

Table 1. Sociodemographic characterization of a population of elderly people with stoma in a health microregion of the state of Minas Gerais

Characteristics	N	%
Gender		
Female	47	55.2
Male	38	44.8
Marital status		
Single	7	8.0
Married	47	54.0
Divorced/Separated	5	6.9
Widower	26	31.0
Education		
None	7	8.0
Elementary School complete	30	35.6
Elementary School incomplete	36	42.5
Complete high school	4	4.6
Incomplete high school	2	2.3
Complete College degree	6	6.9
Occupation		
Informal work	1	1.1
Student	2	2.3
Housewife	11	13.8
Retired	69	80.5
Absent	2	2.3
Family income		
≤ 1 minimum wage	5	5.7
1 minimum wage	3	3.4
2 minimum wages	66	77.0
3 minimum wages	9	11.5
4 minimum wages	2	2.3
Number of people contributing to the income		
1 person	13	16.1
2 people	60	69.0
3 people	11	13.8
4 people	1	1.1
Race		
Caucasian	70	82.4
Black	6	7.1
Mulatto	8	9.4
Yellow	1	1.1
Religion		
Catholic	73	83.9
Protestant	12	16.1

Source: SASPO II of Divinópolis.

Regarding the clinical condition of the stomas, 64% were of the definitive type, with cancer being the main diagnosis responsible for the creation of the stoma (70, 81.6%). The majority reported having no comorbidities (48, 56.3%) and colostomy (61, 71.3%) was the stoma type with the highest occurrence. As for the assessment of self-care (self-reported), most were dependent or partially dependent (55, 63.2%) (Table 2).

Table 2. Clinical characteristics of a population of elderly people with stomas from a health microregion in the state of Minas Gerais (n = 85)

Characteristics	N	%
Diagnosis		
Cancer	70	81.6
Other	15	18.4
Other diseases		
Other	37	43.7
None	48	56.3
Type of ostomy		
Colostomy	61	71.3
Other (ileostomy or urostomy)	24	28.7
Permanence of the stoma		
Definitive	63	73.6
Temporary	22	26.4
Self-care assessment		
Apt	31	36.8
Dependent	54	63.2

Source: SASPO II of Divinópolis.

The quality-of-life assessment revealed that the physical, social and spiritual well-being domains were rated best (8.1, 8.2, and 8.1 respectively). Psychological well-being was the worst rated domain in this population (7.2).

The association of the demographic data of people with stomas with the domains of quality of life was evidenced, with regard to the occupation that people with stomas perform with their jobs, and, therefore, have greater physical well-being (p = 0.038) (Table 3).

Table 3. Association of sociodemographic characteristics of the elderly with elimination stomas with the domains of quality of life (n = 85)

Variables	Physical well-being	Psychological well-being	Social well-being	Spiritual well-being	Quality of life (total)
Sex					
Female	8.07 (1.90)	7.30 (2.02)	8.12 (2.31)	8.03 (1.88)	7.85 (1.89)
Male	8.18 (1.76)	7.02 (1.51)	8.26 (1.45)	8.16 (1.40)	7.87 (1.23)
Test (p-value)	0.976	0.120	0.373	0.775	0.299
Marital status					
Single, divorced and widowed	8.24 (1.71)	7.22 (2.00)	8.11 (2.19)	8.07 (1.74)	7.88 (1.75)
Married	8.02 (1.93)	7.13 (1.64)	8.25 (1.76)	8.11 (1.63)	7.84 (1.51)
Test (p-value)	0.624	0.503	0.778	1.000	0.630
Occupation					
Working	7.24 (2.27)	6.40 (2.36)	7.04 (2.90)	7.39 (2.50)	6.99 (2.38)
Retired	8.34 (1.65)	7.36 (1.61)	8.46 (1.56)	8.26 (1.38)	8.07 (1.31)
Test (p-value)	0.038	0.150	0.133	0.440	0.174

Source: SASPO II of Divinópolis.

The other sociodemographic characteristics were not significantly associated with the domains of quality of life studied.

Regarding the clinical characteristics of people with stomas, it was observed that the type of stoma, i.e., colostomy or other type, impacts the physical well-being (p = 0.019) and the social well-being (p = 0.028), also reflecting on the total quality of life of these people (p = 0.045).

Furthermore, the data in Table 4 reveal that the overall quality of life is lower in people who have longer stoma permanence (p = 0.012). It has been noticed that spiritual well-being is diminished in people who have temporary stomas.

Table 4. Association of the clinical characteristics of the elderly with elimination stomas with the domains of quality of life (n = 85)

Variables	Physical well-being	Psychological well-being	Social well-being	Spiritual well-being	Quality of life (total)
Diagnosis					
Cancer	8.16 (1.92)	7.22 (1.86)	8.20 (2.08)	8.04 (1.77)	7.86 (1.71)
Other	7.96 (1.40)	6.98 (1.56)	8.11 (1.40)	8.28 (1.16)	7.85 (1.17)
Test (p-value)	0.234	0.293	0.262	0.974	0.473
Other diseases					
Other	8.47 (1.14)	7.46 (1.49)	8.62 (1.37)	8.28 (1.41)	8.20 (1.03)
None	7.85 (2.19)	6.95 (2.00)	7.85 (2.28)	7.94 (1.85)	7.60 (1.93)
Test (p-value)	0.607	0.290	0.228	0.595	0.406
Type of ostomy					
Colostomy	7.86 (1.93)	7.02 (1.85)	7.90 (2.13)	7.95 (1.71)	7.65 (1.74)
Other	8.78 (1.37)	7.56 (1.68)	8.90 (1.22)	8.44 (1.57)	8.38 (1.13)
Test (p-value)	0.019	0.197	0.028	0.163	0.045
Permanence of the stoma					
Definitive	8.14 (1.97)	7.29 (1.98)	8.25 (2.11)	8.26 (1.70)	7.96 (1.79)
Temporary	8.06 (1.37)	6.84 (1.19)	8.01 (1.48)	7.61 (1.53)	7.59 (0.97)
Test (p-value)	0.113	0.104	0.105	0.030	0.012
Assessment of self-care					
Apt	8.14 (1.68)	7.52 (1.66)	8.48 (1.63)	8.51 (1.29)	8.09 (1.41)
Dependent	8.17 (1.92)	6.97 (1.87)	8.01 (2.13)	7.84 (1.83)	7.73 (1.73)
Test (p-value)	0.286	0.157	0.427	0.094	0.438

Source: SASPO II of Divinópolis.

DISCUSSION

The quality of life in the elderly has been a concern in recent years, since the Brazilian population is aging. In 2021 the Brazilian Institute of Geography registered a figure of 37.7 million elderly people. The elderly consume more health services, hospital admissions are more frequent, and bed occupancy time is longer when compared to other age groups. This is due to the pattern of diseases of the elderly, which are chronic and multiple, and require constant monitoring, permanent care, continuous medication and periodic examinations[11].

The World Health Organization aligns the concept of quality of life with the concept of the perception that individuals have about their place in life, in their cultural context and about the value systems in which they live, in addition to the relationship to their goals, expectations, standards, and concerns[12]. This concept involves spiritual, physical, mental, psychological and emotional well-beings, as well as social relationships such as family and friends, and also health, education, housing, sanitation and other circumstances of life[13].

For the older person with a stoma, having their life adjusted by surgery did not show any compromise in their quality of life. The improved quality of life in the elderly with a stoma exposes a context in which they have a considerable amount of time in surgery, and therefore are believed to have adapted to their new health condition.

In the first months after the surgery, the elderly with a stoma presented a worse quality of life when compared to the six-month postoperative period, explaining that the adaptation and acceptance require time and interdisciplinary assistance,

encompassing psychological aspects, care with the stoma and the collecting equipment, with prevention of complications, and support to face the making of the stoma[1].

Among the domains presented, the study revealed that the ones with the highest scores were physical well-being and social well-being; although the domains of psychological well-being and spiritual well-being also had high scores.

The psychological domain was found to be the lowest rated among the elderly, which can be explained by the fact that they will face the challenge of acquiring skills to live with their changed bodies and will experience psychosocial transition. The use of the collection equipment is associated with negative feelings, such as fear, anguish, sadness, and helplessness, which can mobilize self-deprecating experiences, linked to feelings of mutilation, loss of health and self-esteem, as well as reduced self-efficacy and a sense of uselessness and chronic disability, among other emotions. People with stomas experience changes in their lives, especially those related to their social network (work and leisure) and sexuality, which may accentuate their feelings of insecurity and fear of rejection[12].

Although they did not present statistical significance, the variables studied point to a peculiar scenario of the elderly person with stomas.

In line with the national parameters, women also presented a higher representation in this group. Observing the data from the current Brazilian demographic transition from a gender perspective, we see a process of feminization of old age, that is, the older the population gets, the more feminine it becomes. This high female representation results from the longer life expectancy of women who, on average, live eight years longer than men[14].

The sample also constituted a group that had no access to formal education. However, it is known that teaching-learning strategies must be established. Thus, more than the individuals' schooling, the bond with the health team, where their knowledge and life experiences are respected, it is possible to empower and ensure that people with stomas have the autonomy to decide about their health[15]. Schooling may also be linked to the difficulties of educational access experienced by the older portion of the Brazilian population. The level of knowledge generated by the few years of study may determine the performance of activities with less financial return[16].

The predominant income of the participants in this study was up to two minimum wages. This information can be justified by the fact that the study was collected in a public health care service for people with stomas. In Brazil, UHS is universal, so it ensures access to people regardless of their income. It is noteworthy that lower salaries have as consequence lower social security benefits, contributing to the findings of family income as a limiting factor to contracting a private health service and or equipment not distributed by the public service[16].

However, it is known that people with stomas can be linked to supplementary health care. In Brazil, there are recommendations that determine that health plan operators are responsible for making this equipment available to their customers, whether in hospital, outpatient, or home environments. According to data from government institutions, the average rate of coverage by health plans for the country, in January 2020, was 24.3%[17].

Another factor observed was the marital status of the participants, who were mostly married. It is inferred, therefore, that living with the collecting equipment and the inability to control gases and feces change the image that individuals have of themselves, experiencing negative feelings about their body and inferiority in relation to their partners, influencing their sexuality and marital relationship[4].

Even with the stigma and taboo about sexuality in old age, the changes related to physical changes, self-image, self-esteem, and emotional changes of people with stomas have a direct impact on their interpersonal interactions. In this context, the support and the presence of the companion, family members and people who are closest to the patient during the adaptation phase, contribute to facing the difficulties that arise with the stoma, including help and incentive to provide care, contributing to the rehabilitation and improvement of self-esteem[18,19].

Cancer stood out as the main cause for making the stoma. According to the Brazilian National Cancer Institute, colorectal cancer is among the most frequent cancers in the country, being the third leading cause of cancer for women—losing only to skin and breast cancer—and the fourth leading cause of cancer among men, behind skin, prostate, and lung cancer. The same institution estimated for the biennium 2016-2017 that colorectal cancer would be the second most prevalent in both sexes in the southeast region of Brazil when skin cancers are not considered[20].

A Brazilian study that analyzed the characteristics of people undergoing intestinal transit reconstruction, the average length of stay with the ostomy until reconstruction was 15.7 months, average age at reconstruction 43 years. The overload of public health services may also be contributing to the increase of this time, since they could perhaps be reverted and, for not being urgent, they end up prolonging the time of living with the stoma[21].

The longer time of living with the new health condition leads the person with a stoma to readjust his or her daily activities. This enables greater adaptation and, consequently, the stoma does not interfere with quality of life. In this way, it is noted that living with the stoma improves adaptation and, because of this, the degree of disability and improvement in quality of life is reduced[22].

Although with low prevalence of comorbidities in this group, it is known that the presence of chronic degenerative diseases tends to increase among the elderly. The main negative impact of population aging is the increased prevalence of chronic noncommunicable diseases, which are the leading causes of mortality and disability worldwide. These diseases are responsible for 38 million deaths annually, with ¾ of this total occurring in low- and middle-income countries like Brazil. Moreover, it is in this group of countries that a greater number of deaths occur before the age of 70, since access to preventive health care and treatment for these pathologies is limited, contributing to a lower life expectancy[22].

The knowledge of the levels of self-esteem and health-related quality of life in people with stomas due to colorectal cancer, as well as the changes caused in their daily lives, provide subsidies for the planning of the assistance of professionals involved in the care, especially nurses. The knowledge of the professional nurse enables the development of intervention strategies that minimize the inconveniences resulting from the creation of the ostomy and, also, the possibility of training professionals involved in the assistance[21,22].

It is worth mentioning the observation of lower total quality of life in individuals who performed labor activities, directly associating it with the quality of life at work. The concept of quality of life encompasses, besides the conditions of life in the work environment, well-being, health, physical, mental and social security and the ability to perform tasks, aspects directly affected by the surgery that generated a stoma[12]. Thus, by enabling individuals with ostomy to practice self-care and stimulating their reinsertion in social and family spaces, a better quality of life at work is stimulated.

The limitation of the study was restricted to the outdated database of people with stomas in the health service where the research took place, restricting the sample variation.

CONCLUSION

It was observed that the population is married, predominantly female, retired, and with low education. The quality of life of elderly people with elimination stomas was well evaluated and was better in the physical, social and spiritual well-being domains. Psychological well-being was the worst domain assessed in this population. Those who had stomas created after a colostomy also had a better quality of life than those with an ileostomy or urostomy. In addition, overall quality of life is lower in people who have a stoma for a longer period of time.

AUTHORS' CONTRIBUTIONS

Conceptualization: Moraes JT; **Methodology:** Moraes JT; **Investigation:** Rodrigues MO; Anacleto AC; **Writing – First Draft:** Moraes JT; Rodrigues MO; Anacleto AC; **Writing – Review & Editing:** Moraes JT; Rodrigues MO; Santos CF; Anacleto AC; **Supervision:** Moraes JT.

AVAILABILITY OF RESEARCH DATA

All data sets were generated and analyzed in this study.

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