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THE QUOTIDIAN OF FAMILY CAREGIVERS OF ALCOHOL USERS WHO REQUIRED INTENSIVE CARE HOSPITALIZATION[1]

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ABSTRACT
The aim of this study was to describe the daily life of home care rendered by family caregivers to alcohol users. This is a descriptive and exploratory study, with data from a case series of 10 patients enrolled in a Poison Control and Information Center of Paraná State, in 2011. It was made an analysis of records of toxicological occurrence and interviews with the family caregivers. Data were analyzed using the technique of content analysis on Thematic Analysis mode. Among the alcohol users who required ICU admission, seven were discharged, with five of them having physical and psychosocial squeals, and three died. The care provided to users of alcohol immediately after ICU became more complex. Caring and co-inhabiting with alcohol dependent was a difficult situation because their caregivers were often exposed to violence. The participation of other family members in the caregiving process was an important facilitating factor for the caregiver. Families of alcohol users have undergone a process of destruction not only because of alcohol dependence in the family, but also by the hospitalization of the alcohol user in intensive care units.

Keywords: Family Relations. Alcoholic Beverages. Intensive Care Unit. Nursing.

INTRODUCTION

The alcohol use may collaborate to the decline of the individual's health condition, making him vulnerable to serious organic and mental diseases, morbidities and even a premature death. About 8.000 death occurs annually as a result of the licit and illicit drug's abuse in Brazil, and alcohol is responsible for 85% from those deaths[1,2].

In front of chronic no-transmittable diseases at the home environment, as arterial hypertension or alcohol dependence, the family live with the disease problematic and take responsibility primarily for the cares requested by them, what can bring changes not only at the affective and social relationship between the members, but also in all familiar routine[3].

In general, a person of the family who assume the role to directly care of the sick, and is responsible by the tasks to care and ensure for the member who presents dependence, for temporary or permanent functional disabilities for inability. Alcohol users' caregivers suffer change in their routines and activities to monitor and watch the dependent familiar, at home or when the user is internee [4].

The problems related to alcohol and to alcoholism reverberates in the demand's increase for health assistance and admissions in general hospitals. Serious diseases caused by the abusive alcohol use are presents in up to one third of the internee patients at Intensive Care Unit (ICU)[5,6].

ICU are places destined to the patients in serious health situations and in great life risk where patients with impaired vital functions are hospitalized, needing to be attended by the specialized health team, in special, the nursing team[7].

Alcoholic patients' families live in fragile situation and an event, as the hospitalization in intensive care, is a factor which can generate even more detritions. In this sector, it is observed that the people, when visit their

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internee familiar, show apprehension and fear for the patient's lives, when they see them fragile and dependent on careful. The hospitalization in ICU may also cause distress to the familiar caregiver, because besides the kind of care provided to the alcoholic possibility, possibly, being changed after the hospitalization in this unity, for physical or mental sequels, there is also the possibility of this familiar's death at the end of the hospitalization. [8].

The literature about the routine of the alcoholic who had been hospitalized at intensive care is a little discussed subject at the scientific sphere, and fundamental to subsidize prevention actions and intervention clinical practice and the nursing care. In this context, this study aimed to describe the routine of the home care to the alcoholics, before and after the hospitalizations of them at ICU, done by their caregivers familiars.

METHODOLOGY

This study is the partial result of a dissertation research [9]. In the exploratory, descriptive and qualitative approach type [10]. The total number of participants in this study is ten caregivers of family members of patients with a diagnosis associated with acute or chronic use of alcohol, which were included in database of the Information Center and Toxicological Assistance (ICTA) and hospitalized at the Adult ICU of a teaching hospital in the Northwest of Paraná, from January to December 2011.

The following inclusion criteria for participants were adopted: family of patients who were discharged, transfer and death as the outcome of hospitalization in ICU; residents in Maringa - Paraná; age greater than or equal to 18 and living relationship or cohabitation with the patient before and after his hospitalization in ICU, and its reference caregiver.

In the period established for the study were recorded in ICTA 24 patients with primary or secondary medical diagnosis of acute or chronic intoxication by alcohol and who were admitted to the adult ICU. From the study were excluded 12 patients - 11 living outside the established municipality for the study and was homeless, without having effective family relationships. There were still two stones: a family caregiver's refusal and one patient had telephone and postal data incorrect in the hospital register.

Data were collected

semi-structured interview and daily field that had the purpose of recording relevant information identified by the interviewer after the interviews.

The script for interview consisted of two thematic blocks – (1) socioeconomic and demographic characteristics of the family caregiver, the alcohol user and (2) five open questions, intended for family caregivers: talk about how it is (was) live and take care of your family alcohol user; talk about how it is (was) live and take care of your family after hospitalization in intensive care by alcohol; what type of care(s) you conduct (conducted) and how is your care routine?; how is (was) your relationship with this family ?; comment on what it meant for you to have a family member in intensive care as a result of alcohol use.

Fieldwork began with the selection of cases, in consultation with the Inpatient ratio of ICTA, and auditing of Toxicological occurrence of records and hospital records of each patient included in the study. It conducted telephone approach with families to schedule home visits, regardless of the outcome of the internee patient hospitalization in 2011. The called person, when it was not the caregiver reference, was reported the name and phone number of the most suitable family to participate, regardless of the outcome of patient hospitalization.

The interviews were conducted in the family caregiver home from April to May 2012 and only one participant preferred the interview to happen in their workplace.

The application of the interview was carried out by the researcher, in a single meeting with each participant, and had an average duration of 50 min. The questions were recorded on digital media in at least two recorders and filling the field diary was performed after each interview.

The interviews were transcribed and qualitative data analyzed using content analysis technique in the thematic analysis mode [10]. After processing the data, they were organized and the information contained in the material were gathered in two units of analysis: "Activities of care before and after

hospitalization in ICU"; "The care of an alcoholic family member".

To facilitate the interpretation and presentation of data, some parts of the testimonies were suitable orthographic point of view, no change in the content, and to remain anonymous, respondents were identified as Family Caregiver 1 (FC 1), FC 2 and so on corresponding to the temporal order of the interviews.

The alcoholics who were hospitalized in ICU are mostly fragile and vulnerable, and to preserve them and respect them in their individualities, she took care that the interviews were conducted far from the same, i.e. in another room of the house and they could not be heard or witnessed by alcoholics or other family members.

All participants signed a Consent Agreement and Clarified and the study was approved by the Ethics Committee for Research Involving Human Beings of the Maringa State University of (Opinion nº 16868/2012).

RESULTS E DISCUSSION

The age of family caregivers vary between 35 and 65, with a mean age of 46,7 years; most women (9); married (7); with low education and low income; and a greater proportion of alcoholics' sisters (4). In seven families, the harmful use of alcohol for more than one family member was present.

Among alcoholics who require hospitalization in adult ICU, seven were discharged, with five of them in a physical and psychosocial sequel, and three progressed to death: two patients died in his own ICU, and one patient died in the sector ward 11 days after being discharged from intensive care. All were hospitalized for effects of chronic alcohol intoxication.

The average age of patients was 45 years; most male (9), divorced (4), with low education and were out of the labor market. They remained hospitalized for periods of two to 98 days, averaging 40 days of hospitalization and after discharge, two returned to the harmful use of alcohol, and three manifested the desire to "go back to drinking", the family caregiver . Even hospitalization in ICU being a major pain generator event in the lives of patients, it was not able to drive them relapse and reduce the burden on families.

Caring activities before and after the intensive care hospitalization

The family caregivers of alcohol users developed various activities to care before and after discharge of alcohol user. After leaving the ICU, the required care has become more complex, requiring even more dedication caregiver.

Among the activities performed by caregivers, the type of care was divided into Care provided before admission at ICU; care performed soon after discharge, and performed care at the time of the interview, or in the year following hospital discharge.

As all patients had chronic and continuous use of alcohol before the hospital, they constantly needed care in relation to the effects of dependence on this substance, i.e., the caregivers lived in a family environment of frequent tension in an orientation attitude for withdrawal and surveillance to prevent "leakage" and "outs" of patients, keeping doors locked or hiding "car key" as reported by five caregivers.

Another activity present in the reports of the caregivers was the constant supervision of patient safety: keep them away "stove", the danger of burns (4 caregivers); not allow access to acute and sharp objects, to reduce the risk of domestic violence (2 caregivers); and not let it leave the home without an accompanying caregiver to avoid car accidents and involvement in fights and assaults (3 caregivers).

> *I could not leave him alone [...] the balcony door which was on the second floor was always locked him not to jump and run* (FC 9, 65, mother of a 44 years old alcoholic)

Alcohol abuse can produce disorders responsible for damage to physical and mental health of users (decreasing risk perception and causing them to violent actions, such as fights and traffic accidents), causing significant impact on them, so security this group is very important and should be done in order to avoid adverse effects of harmful or prejudicial nature in the course of care provision [(11)].

Typical care nursing actions were also cited as stimulate supply and administer medicines, pointing out the need for formal support of health workers, especially nursing, in actions aimed at the guidance and teaching of care practices geared to caregivers, already in the proper period of hospitalization and also in the hospital post with the family health teams.

This support is essential to help promote the welfare to the caregiver, which often cannot demonstrate or not realize that you need help and guidance also for self-care, since each person reacts differently front of their family illness [12].

After hospital discharge, many customers demand even more specific care. The most treatment was related to the maintenance of life, as an aid in food (7 caregivers), carry out or assist in the bath, either in a chair or in bed (7 caregivers) and changing diapers (4 caregivers). Repair care to provide and administer medications in dosage and schedule prescribed by the doctor (7 caregivers) and perform wound care / dressing (3 caregivers), it was also reported as illustrated by the statement:

> *When he left the ICU, needed to bathe, sleep on his side so he would not fall, putting food into it, give medicines at the right time, make the dressing ear [...]* (FC 5, 45 years old, sister of the 42 years old alcoholic)

Life support care are those performed in daily life, whose function is to sustain life, and are related to the need for nutrition, hygiene, among others, with such care are based on customs, values and beliefs of each caregiver. Repair care is considered care that seeks to repair or treatment of disease [13].

Over post-hospitalization time, alcohol users gained greater autonomy and the care provided by caregivers turned again to the social effects of alcohol dependence. The most frequently reported were keeping users always watching, never "leave them alone" (5 caregivers), afraid that they returned to the use of alcohol (relapse); hide sharp objects at home (2 caregivers); organize medications and administration times (3 caregivers); and monitor patient care with the health team (4 caregivers).

> *The care with him is today, is to stay on him not to drink. So we try to always have an adult here at home [...] I hardly go out more from home just to be with him [...]* (HR 4, 35years old , sister of a 27 years old alcoholic)

According to the literature [14], by experience and familiarity with the manifest behaviors by alcohol abuse, the family learns and begins to provide necessary ongoing care. In this study, there was a predominance of activities that keep users always close to caregivers, so that they do not "drink", avoiding need to go through the whole hospitalization experience again:

> *[...] I try not to leave him alone, do not want him to leave [...] If he comes back to drink he will not stand!* (FC 1, 58 years old, sister of the 51 years old alcoholic)

> *[...] I do not let he leave my side no more, I do not want him to go back to that life [...]* (FC 5, 45 years old , sister of the 42 years old alcoholic)

During the interviews, only two caregivers reported seeking some help group. When there was participation of caregivers in therapeutic groups and support was in order to try to make the familiar alcohol user also attend the group in an attempt to do so "stop drinking", and not as a form of support for the aid itself the problem of coping with care. It was always thinking of the family and not in itself as a caregiver.

In many therapeutic modalities is encouraged family participation in treatment, rehabilitation and social reintegration of alcoholics, which enables exchange of experiences and mutual assistance. However, it is necessary that families are integrated as part of the treatment plan, considering the majority of codependency status of its members[15].

Routine care at the time the interviews took place was characterized by the use of long periods of time in caregiving activities. Six caregivers reported that the number of hours was dedicated to care "24h per day". Intense care routine to the alcohol user goes beyond the care devoted to personal activities and the human needs of users, as there is the burden of the family's concern always be alert to the user "never again drink", which causes constant concern and distress to caregivers.

Chronic use of alcohol by a family member entails repercussions in the life of their caregivers, making them part of an unstable and painful every day, making them also potential

patients[4]. Alcoholic Caring is shown as something exhausting and makes occurs the emergence of difficulties in carrying out such care. In this respect, it is crucial to offer emotional and educational support to family caregivers and family, respecting its peculiarities and limitations[16].

Living with a familiar alcoholic member

Alcohol dependence by a family member brought hardships to the family environment, and provide care to them, was not considered an easy task for caregivers. The abuse and dependence of the substance become the users of this drug, aggressive people, difficult to live and unreceptive to receive care.

The relationships described by family caregivers show that violence was present in daily life after the start of the abusive use of alcohol. The living and family relations often show impaired, with the constant presence of verbal aggression, and caregivers could not maintain a peaceful relationship with alcohol users. Seven respondents cited some form of aggression, especially after the intake of alcohol, illustrated by testimonials:

> *He when drank [...] God to forgive me, do not like to remember [...] He started getting aggressive, from to top of us, tried to hang my sister, he took knife [...] he no longer able to live with people [...]* (FC 2, 41years old, sister of 39 years old alcoholic)

> *The living was good [...] but if he took any alcoholic thing! Then I began to give him anxiety. There could not even talk to him, any little thing was already reason to fight it, want to break my stuff, hit my husband* (FC 10, 51 years old, mother of 34 years old alcoholic)

Study with ten family members of alcoholics, who aimed to know the meanings of having daily contact with a user member of alcohol, showed that this interaction involved in many forms of violence, corroborating the situations found in this study[17].

The disorders caused by abuse of alcohol penalize family members, which contributes to the increase in domestic violence, removal of nearby people and high levels of personal conflicts. Relating to alcoholics can become a full conflict experience and disappointment and may even result in physical violence [18].

Caregivers reported the breakdown of family ties, companionship and even respect, because often for users only alcoholic beverage care, making the living and caring activity more difficult:

> *It has never been easy to live with him [...] so much that he stopped at the school in the second year because no one could stand him. After adolescence, then it made it worse even, because he went in the drink* (FC 2, 41 years old, sister of a 39 years old alcoholic)

> *To be frank, it was never easy to live with her mother was never a gift, do not know if perhaps the drink, but it's hard to deal with it, very difficult [...] was never easy [...] She thinks bad me when I talk to her that she cannot things [...] before she even changed my house so I do not stay on her feet, think for her to drink alone, now she has to live with me and she lives angry [...] Now it is harder to deal with her, take care of it. It is terrible* (FC 6, 36 years old, daughter of a 63 years old alcoholic)

> *He dawned drinking and getting dark drinking. I had no time to quit drinking. He drank compulsively [...] He lived due to take care of it [...] He did not like to hear anyone no, he was irritated when we spoke of the danger of drinking [...] He closed the trade and would drink in other bars. I and my daughter did not have more peace. How many times we had to get him in another bar and he looked at our faces with beer in hand and giggled* (HR 9, 65 years old, mother of a 44 years old alcoholic)

In all cases, before admission in ICU it was difficult acceptance of dependent on alcohol to receive guidance and care. After hospital discharge, most of them still expressed the desire to "go back to drink" (5 caregivers), which kept the caregivers even more apprehensive.

The difficult task of caregivers to care for and live with abusers alcohol corroborates study that identified negative impact on coexistence between family members, related to the use disorders and alcohol abuse by a family member[14].

Users, when they become dependent on alcohol often refuse professional help and family, difficulty in accepting guidance and referrals. Addiction is a priority for them, which makes the care of this population even more difficult [19].

It is important to note that in both cases, even with difficult coexistence between alcohol user and caregiver before admission in ICU, the experience of hospitalization in this unit was important to bring them back together. Family caregivers reported that the users require larger and more complex health care because they were more debilitated and dependent after admission in this industry - the link has become bigger and better living:

> *My relationship with him certainly started happening after the accident. Now he's well [...]'re not drinking [...] we were much closer [...] we are taking care of it straight* (FC 5, 45 years old, sister of a 42 years old alcoholic)

> *Before it was suffered [...] Today he's calmer and talking about being born again, or another life for him and his daughters [...] It was good until that happens* [...] (FC 10, 51 years old, mother of a 34 years old alcoholic)

After overcoming situations of extreme gravity and discharged from the ICU, patients may present with varying degrees of functional and mental dependence and hence temporary or permanent inability to perform their activities and this causes that need constant support and care, approaching the most of their caregivers [6].

In this study, family caregivers recognize the difficulties in caring for their relatives alcohol users, however, even in the face of adversity, the affection for family outweighed the burdens generated by the care process and caregivers sought to offer all the support they needed.

When there is bonding and greater integration between members, family members want to provide care that is able to improve the health and exalt the patient. Care is characterized by the appreciation of the feelings and actions, and the activity of care encompasses a moment of attention and care and is an attitude not only occupation, but also of responsibility and affective involvement with the person who needs to be cared.

Many caregivers relativise the situation of chronicity and severity of your family disease because they experience the difficulties and the challenges posed by the disease. Thus, the realization of care is subsidized by the affective family relations[19].

In relation to family caregivers who have experienced the death of alcohol users, this event proved to be difficult to be faced, accompanied by great suffering and in some cases of nonconformity, and caregivers felt even more frustrated by the fact of death be one of the consequences of alcohol abuse, something that can be prevented and intervened.

> *[...] was difficult to us the news that he was really bad, very difficult [...] I felt guilty for not having helped him before, he wouldn't need to go through this* (FC 5, 45 years old, sister alcohol user 42)

The results presented in this unit show the need for support to these families and the importance of health services access them programmatically to make and track user treatment and their caregiver, resulting in better relationship between them.

CONCLUSION

The result of this study reiterates that care for a chronic user of alcohol, not only changes the caregiver's daily life, as well as the whole family ends up becoming codependent disease.

It was observed that the care provided to users of alcohol before admission in ICU, were mainly in relation to the dependence of this drug, surveillance and guidance, however, immediately after discharge, care was related to the maintenance of life and to repair.

Caregivers reported that it is not easy to take care of a family dependent on alcohol, as they often are exposed to various forms of violence by alcohol users and they only care about their own addiction, reflecting worse living with those closest in addition to being little receptive to receiving care. In some cases, after discharge from the ICU and become more dependent and need more care, eventually establish a better bond with the caregiver, improving living.

For this problem and to promote better health promotion not only of users as their caregivers and families is of utmost importance that the nursing profession closely linked to prevention, counseling and care, should look for them in a special way, because there are many codependent times of illness and need constant support and clarifications.

For this issue's complexity addressed in this study, are necessary other studies with family caregivers of alcohol users who have been admitted to the ICU in order to promote them

better care by the health team, in particular nursing, once not finding studies in this population.

Concerning for the health of alcohol users, their caregivers and families, as well as the formation of a support network, should be focused on different sectors in an interdisciplinary manner, developing effective proposals that promote the health of global way. It is necessary that the care context is displayed fully, with the development of actions for the promotion, prevention and recovery of health of the alcoholic, caregiver and family, within the socioeconomic, cultural and environmental context in which they are inserted.

COTIDIANO DE CUIDADORES FAMILIARES DE USUÁRIOS DE ÁLCOOL QUE NECESSITARAM DE INTERNAÇÃO EM TERAPIA INTENSIVA

RESUMO

O objetivo foi descrever o cotidiano do cuidado domiciliar a usuários de álcool, antes e após a internação destes em UTI, praticado por seus cuidadores familiares. Estudo descritivo e exploratório, com dados de uma série de casos de dez pacientes registrados em um Centro de Informação e Assistência Toxicológica do Paraná, no ano de 2011. Realizou-se análise de fichas de ocorrência toxicológica e dos prontuários hospitalares dos pacientes, e entrevistas com seus cuidadores familiares. Os dados foram analisados, utilizando-se a técnica de análise de conteúdo na modalidade Análise Temática. Sete receberam alta hospitalar, com cinco deles apresentando sequelas físicas e psicossociais, e três evoluíram a óbito. Os cuidados prestados aos usuários de álcool imediatamente após a internação em UTI tornaram-se de maior complexidade. Cuidar e co-habitar com usuários dependentes de álcool, era uma situação difícil, pois seus cuidadores muitas vezes estiveram expostos às violências. As famílias dos usuários de álcool sofreram o processo de desestruturação não só pela dependência do álcool no âmbito familiar, mas também pela internação do parente usuário de álcool em terapia intensiva.

Palavras-chave: Relações Familiares. Bebidas Alcoólicas. Unidades de Terapia Intensiva. Enfermagem.

COTIDIANO DE LOS CUIDADORES FAMILIARES DE USUARIOS DE ALCOHOL QUE NECESITARON HOSPITALIZACIÓN EN CUIDADOS INTENSIVOS

RESUMEN

El objetivo fue describir la vida cotidiana de los cuidados domiciliarios, practicados por los cuidadores familiares, a los usuarios de alcohol, antes y después de su hospitalización en UCI. Estudio descriptivo y exploratorio, con datos de una serie de casos de diez pacientes registrados en un Centro de Información y Atención Toxicológica de Paraná, en el año 2011. Se realizó un análisis de los archivos de ocurrencias toxicológicas y de los registros hospitalarios de los pacientes, además de entrevistas con sus cuidadores familiares. Los datos fueron analizados mediante la técnica de análisis de contenido en el modo de Análisis Temático. Siete usua*rios de alcohol recibieron alta hospitalaria*, con cinco de ellos presentando secuelas físicas y psicosociales, y tres murieron. Los cuidados dados a los usuarios de alcohol inmediatamente después a la hospitalización en UCI se volvieron de mayor complejidad. Cuidar y co-habitar con usuarios dependientes de alcohol era una situación difícil, pues sus cuidadores, a menudo, estuvieron expuestos a la violencia. Las familias de los usuarios de alcohol sufrieron un proceso de desestructuración, no solo por la dependencia del alcohol en el ámbito familiar, sino también por la hospitalización del pariente usuario de alcohol en cuidados intensivos.

Palabras clave: Relaciones Familiares. Bebidas Alcohólicas. Unidades de Cuidados Intensivos. Enfermería.

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