

THE SOCIODEMOGRAPHIC PROFILE OF BEDRIDDEN PATIENTS IN MADALENA-CE

PERFIL SOCIODEMOGRÁFICO DE PACIENTES ACAMADOS EM MADALENA-CE

EL PERFIL SOCIODEMOGRÁFICO DE PACIENTES ENCAMADOS EN MADALENA-CE

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ABSTRACT

Objective: To outline the sociodemographic profile of bedridden patients receiving home physiotherapy care at a health unit in the municipality of Madalena-CE. **Methods:** A descriptive, cross-sectional, and quantitative study conducted at the Specialized Health Care Center (CAES), based on the analysis of 22 patient records attended by the public home physiotherapy service between August and October 2024. **Results:** The analyzed population presented low education levels and reduced family income. Most patients lived in their own homes, with a predominance of individuals who had incomplete primary education or no formal schooling. A significant dependence on family members was observed, along with a balanced gender distribution. **Conclusion:** The data reveal a socially vulnerable profile among bedridden patients, highlighting the importance of home physiotherapy as a fundamental strategy for promoting health and maintaining quality of life, especially in contexts of socioeconomic inequality.

Keywords: Home Health Care; Physical Therapy; Bedridden Patients; Public Health.

RESUMO

Objetivo: Traçar o perfil sociodemográfico de pacientes acamados atendidos por demanda de fisioterapia domiciliar em uma unidade de saúde do município de Madalena-CE. **Métodos:** Estudo descritivo, transversal e de abordagem quantitativa, realizado no Centro de Atenção Especializada à Saúde (CAES), com base na análise de 22 prontuários de pacientes acompanhados pelo serviço público de fisioterapia domiciliar entre agosto e outubro de 2024. **Resultados:** A população analisada apresentou baixa escolaridade e renda familiar reduzida. A maioria dos pacientes residia em casa própria, com predomínio de indivíduos com apenas o ensino fundamental incompleto ou sem escolaridade formal. Observou-se também significativa dependência de familiares e uma distribuição equilibrada entre os sexos. **Conclusão:** Os dados evidenciam um perfil de vulnerabilidade social entre os pacientes acamados, reforçando a importância da fisioterapia domiciliar como estratégia fundamental para a promoção da saúde e a manutenção da qualidade de vida, especialmente em contextos de desigualdade socioeconômica.

Descritores: Atenção Domiciliar à Saúde; Fisioterapia; Pacientes Acamados; Saúde Pública.

RESUMEN

Objetivo: Trazar el perfil sociodemográfico de pacientes encamados que reciben atención de fisioterapia domiciliar en una unidad de salud del municipio de Madalena-CE. **Métodos:** Estudio descriptivo, transversal y cuantitativo, realizado en el Centro de Atención Especializada en Salud (CAES), basado en el análisis de 22 historias clínicas de pacientes atendidos por el servicio público de fisioterapia domiciliar entre agosto y octubre de 2024. **Resultados:** La población analizada presentó bajos niveles de escolaridad e ingresos familiares reducidos. La mayoría de los pacientes vivía en casa propia, con predominio de individuos con educación primaria incompleta o sin escolarización formal. Se observó una dependencia significativa de familiares y una distribución equilibrada entre los géneros. **Conclusión:** Los datos evidencian un perfil de vulnerabilidad social entre los pacientes encamados, lo que refuerza la importancia de la fisioterapia domiciliar como estrategia fundamental para la promoción de la salud y el mantenimiento de la calidad de vida, especialmente en contextos de desigualdad socioeconómica.

Descritores: Atención Domiciliar en Salud; Fisioterapia; Pacientes Encamados; Salud Pública.

INTRODUCTION

Home care has been consolidated as an indispensable alternative in the care of patients with severe functional limitations, especially in contexts of resource scarcity

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and regional inequalities. The demand for long-term care is increasing due to population aging and the growing prevalence of chronic diseases such as systemic arterial hypertension (SAH), diabetes mellitus (DM), and the sequelae of stroke (CVA)¹. These factors define an epidemiological profile that requires innovative and integrated solutions within the framework of the Brazilian Unified Health System (SUS)².

Home care presents several advantages, including hospital discharge, cost reduction for the healthcare system, and the strengthening of the bond between professionals and the patient's family context³. Studies indicate that this type of care promotes more humanized assistance, in addition to reducing risks associated with prolonged hospitalization, such as secondary infections and functional deterioration. In rural regions such as Madalena-CE, the implementation of home physiotherapy strategies has proven essential in addressing the specific demands of the local population.

Bedridden patients, especially those from socioeconomically vulnerable contexts, face multiple challenges that go beyond physical limitations. Low educational attainment, poor access to health information, and the absence of effective support networks are recurring aspects in these groups. The role of home physiotherapy in this scenario is not only to provide rehabilitation but also to prevent secondary complications, promoting the maintenance of functionality and the improvement of patients' quality of life.

In Madalena-CE, the public health system faces limitations in meeting the needs of bedridden patients, which reinforces the importance of studies aimed at understanding the sociodemographic profile of this population. Furthermore, the analysis of the demand for home physiotherapy can support improvements in public policies and the planning of specific interventions tailored to this reality.

Therefore, this study aims to outline the sociodemographic profile of bedridden patients with a demand for home physiotherapy in the municipality of Madalena-CE.

METHODS

This is a descriptive, cross-sectional study with a quantitative approach conducted at the Specialized Health Care Center (CAES), located in the municipality of Madalena, in the state of Ceará, Brazil. The study population consisted of medical records of patients assisted by the SUS home physiotherapy service between August and October 2024.

A total of 22 medical records were included, based on the following inclusion criteria: residing in the municipality of Madalena-CE; being 18 years of age or older; being bedridden for at least six months; and having received home care during the study period. Medical records that contained more than 50% incomplete information or that referred to patients who had been transferred to other locations were excluded, resulting in 22 documents analyzed.

Data collection was carried out in person, during the afternoon period, from Monday to Friday, through systematic visits to the archive of the Specialized Health Care Center (CAES). A structured instrument was used, developed based on the information contained in the patients' clinical records, with the aim of standardizing data extraction. The variables analyzed were exclusively sociodemographic in nature, includ-

ing: sex, age group, educational level, type of housing, number of children, and monthly family income.

The collected data were tabulated in spreadsheets using Excel® 2010 software and subjected to descriptive statistical analysis using the EPI INFO 7.0 program. Absolute and percentage frequencies were generated, and the results were presented in a table to facilitate interpretation and discussion in light of the literature.

The study was conducted in accordance with Resolution No. 466/2012 of the Brazilian National Health Council, which regulates research involving human subjects. The project was approved by the Research Ethics Committee of the Centro Universitário Católica de Quixadá, under opinion No. 7.037.239. Data confidentiality was ensured, and the use of information was authorized through the signing of an Informed Consent Form (ICF) by the patients' legal guardians.

RESULTS

This profile was constructed based on the analysis of medical records and data collected directly from the Specialized Health Care Center of Madalena. It is grounded in the information derived from the experiences and knowledge of the professionals involved in patient care.

Table 01 – Sociodemographic data of the study participants, 2024.

Characteristics	Male	Female	Male	Characteristics
User	11	11		
Age range	19 - 89	19 - 95		
Marital status				
Single	7	3	63,64%	27,27%
Married	2	6	18,18%	54,55%
Divorced	0	0	0%	0%
Widowed	2	1	18,18%	9,09%
Common-law union	0	1	0%	9,09%
Income				
> one minimum wage	0	2	0%	18,18%
one minimum wage	8	7	72,73%	63,64%
< one minimum wage	1	0	9,09%	0%
No income	2	2	18,18%	18,18%
Education				
Completed primary education	0	2	0%	18,18%
Inomplet primary education	6	2	54,55%	18,18%
Completed High School	1	3	9,09%	27,27%
Incomplete High School	0	0	0%	0%

Higher Education	0	0	0%	0%
No formal education	4	4	36,36%	36,36%
Children				
No children	5	3	45,45%	27,27%
One to two children	3	3	27,27%	27,27%
Three to four children	1	1	9,09%	9,09%
Five or more children	2	4	18,18%	36,36%
Housing				
Own house	6	8	54,55%	72,73%
Rental	2	1	18,18%	9,09%
Dependent on relatives	3	2	27,27%	18,18%

Source: Research data, 2024.

DISCUSSION

The data analysis reveals a sociodemographic profile of the participants that may be associated with several limitations in access to healthcare and adequate living conditions. First, low educational attainment is observed among the participants, with most having only incomplete primary education or being illiterate (36.36% in both genders). This reduced educational level hinders access to health information and negatively impacts self-care. Low education is often associated with delayed diagnoses and limited adherence to preventive measures, increasing vulnerability to chronic diseases and severe conditions.

As presented in Table 01, the socioeconomic profile of the participants reinforces this vulnerability. The sample consisted of a low-income population, with the most frequent household income bracket (60.9%) being slightly above the minimum wage (class C2) a percentage significantly higher than national levels (26.4%) and that of the South region of the country (26.7%) for the same economic class¹. This financial limitation can hinder access to healthcare services, quality food, and adequate housing-factors that are fundamental determinants of quality of life. Individuals with low income and limited access to resources are more likely to develop diseases and disabilities due to unfavorable socioeconomic conditions¹¹.

Regarding housing, it is notable that 54.55% of men and 72.73% of women own their homes, which provides a degree of residential stability. However, a considerable portion still relies on rent or third-party support. Housing security is a crucial factor for both mental and physical health, as housing instability can increase stress and susceptibility to illness. This situation can further worsen the health conditions of participants, particularly among the elderly, who require a stable and safe environment. This reveals a population with specific risks, often exacerbated by structural issues in health services, such as the absence of culture testing to identify infectious agents, observed in 80% of the cases¹².

Another relevant factor is the family composition of the participants. A significant portion has no children (45.45% of men and 27.27% of women), which may limit social support in situations requiring care. For elderly individuals, the absence of family support increases the risk of institutionalization, as social support is essential for main-

taining independence and well-being. Additionally, a considerable proportion of women are widows, consistent with studies indicating that elderly widowed women are at higher risk of institutionalization¹³, mainly due to the lack of a support network.

Finally, it is important to highlight that factors such as age, gender, and socioeconomic status are predictors of institutionalization and the need for specific care, especially for bedridden elderly individuals, who have greater functional limitations. The caregiving burden for these individuals can be intense, and without adequate family support, both quality of life and the care provided may be compromised. In this context, the participants' conditions reflect a profile of vulnerability that requires intervention policies and support strategies that can contribute to self-care, health promotion, and the reduction of institutionalization risks¹.

CONCLUSION

The study revealed a sociodemographic profile that highlights the vulnerability of bedridden patients in the municipality of Madalena-CE, characterized by low levels of education, financial limitations, and challenges in accessing healthcare resources and family support. These factors underscore the importance of home-based physiotherapy as an essential strategy for functional rehabilitation and improving the quality of life of these individuals. However, the high demand and limited resources point to the need for political interventions that expand the support provided to this population, integrating humanized actions and strengthening the healthcare network. Thus, the fundamental role of physiotherapy in the context of home care is reaffirmed—not only as a therapeutic tool, but also as a promoter of dignity and social inclusion for groups in situations of vulnerability.

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