Cuidados de Enfermagem à Pessoa com Doença Neurológica Degenerativa

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Introdução

As doenças neurológicas resultam de dano ou lesão do sistema nervoso central e/ou periférico com impacto na pessoa e na sua família para o resto da sua vida (Department of Health, 2005) e constituem a principal causa de restrição à participação (Kirton *et al*., 2011) e afetam cerca de um bilião de pessoas no mundo (Organização Mundial da Saúde, 2007), valor que tenderá a aumentar devido ao envelhecimento da população (Kirton *et al*., 2011).

No Reino Unido cerca de 10 Milhões de pessoas são afetadas por doenças neurológicas e representam cerca de 20% das admissões em hospitais de agudos. Estima-se que 350 mil pessoas apresentam dependência nas suas atividades de vida associadas a uma doença neurológica (Kirton *et al*., 2011), com alterações cognitivas, comunicacionais e comportamentais (Baker, 2009).

Podem apresentar múltiplas etiologias, como predisposição genética, acidentes cerebrovasculares, traumatismo crânio-encefálico, infeções do sistema nervoso, doenças metabólicas, doenças degenerativas e causas congénitas (Jani & Gore, 2014).

Incluem-se nas doenças neurológicas degenerativas, patologias como a: doença de Huntingon, doença de Parkinson, a esclerose múltipla (Baker & Kakora-Shiner, 2009) e doença do neurónio motor (Marsden, 2011). Estas caracterizam-se por uma deterioração progressiva da função cognitiva e com um aumentar da dependência na progressão da doença (Sleeman *et al*., 2013). Os sintomas variam de acordo com a doença e de como estes são vividos (Wilson *et al*., 2008).

Esta experiência vai afetar física e psicologicamente a pessoa, e diminuir a sua qualidade de vida e das pessoas que lhe são próximas (Mendes, 2014).

Caracterização das principais Doenças Neurológicas Degenerativas

Doença de Parkinson

É uma doença crónica, neurodegenerativa progressiva, que resulta na diminuição dos níveis de dopamina nos gânglios basais do cérebro. É a segunda doença neurodegenerativa mais frequente, atrás da doença de Alzheimer (Parkinson UK, 2015). Apresenta um elevado número de sintomas motores e não motores (Hand & Martin, 2015). A prevalência global é de 0,3% e aumenta a partir da sexta década de vida. Apenas 5 a 10% das pessoas apresentam a doença com menos de 40 anos de idade (Parkinson UK, 2015).

Os sintomas mais frequentes são o tremor em repouso (sintoma de início em 75% dos casos), a rigidez, a bradicinesia, instabilidade postural (Hellqvist & Bertero, 2015), a lentidão e a diminuição dos movimentos voluntários. Existe uma diminuição da capacidade de realizar movimentos coordenados, com fácies inexpressiva, alteração do andar, dificuldade em falar, mastigar e deglutir (Lesmes *et al.,* 2014). É uma doença flutuante, em que os sintomas podem variar e mudar a qualquer momento (Heisters, 2011).

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